

New South Wales Drug Trends 2018

**Key findings from the
Illicit Drug Reporting
System (IDRS) Interviews**





NEW SOUTH WALES DRUG TRENDS 2018: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at [Drug Trends](#).

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2018:

- Ms Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
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- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

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Participants

We would like to thank all the participants who were interviewed for the IDRS in the present and in previous years.

Contributors

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Abbreviations

ACT	Australian Capital Territory
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
CPR	Cardiopulmonary resuscitation
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
OTC	Over-the-counter
SD	Standard deviation
VIC	Victoria
WA	Western Australia

Executive summary

Sample characteristics

The NSW IDRS sample in 2018 was predominantly male (67%) with a mean age of 43, consistent with the NSW profile in previous years. Over half of NSW participants reported that their drug of choice was heroin (57%), and that heroin was the drug injected most often (57%). Weekly or more frequent use of crystal methamphetamine increased in 2018 (47%), continuing a generally upward trend that has been observed since 2009.

Heroin

Recent (i.e. past six month) use of heroin has decreased amongst the NSW sample since monitoring began, from 93% in 2000 to 83% in 2018. Twenty-nine per cent of participants reported daily use of heroin in 2018. The main route of administration for recent users was injecting (100%), with the only other notable route of administration being smoking (12%).

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years, showing a general increase relative to when monitoring first began, with three in four participants (76%) reporting recent use in 2018. This was driven by a significant increase in use of crystal methamphetamine (76%) – the most commonly used form since 2005. A lower median price per gram was observed for powder and crystal relative to recent years.

Cocaine

Recent use of cocaine and frequency of use has generally decreased amongst the NSW sample since the beginning of monitoring (26% in 2018). One-third (30%) of consumers reported weekly or more frequent use. Four fifths (83%) of recent consumers reported injecting cocaine, with one quarter (25%) reporting snorting in the last six months.

Cannabis

Recent use of cannabis remained largely stable in 2018, with three in four participants (76%) reporting use. One third of participants (32%) reported daily use of cannabis.

Pharmaceutical opioids

Use of all forms of pharmaceutical opioids has remained relatively stable since monitoring of each opioid first began. In 2018, methadone was the most common pharmaceutical opioid used in a non-prescribed context (20%), with six per cent reporting non-prescribed fentanyl use.

New psychoactive substances (NPS) and other drugs

Use of NPS has fluctuated slightly since monitoring began in 2013, yet has remained relatively low, with one in ten participants (12%) reporting recent use in 2018. Rates of non-prescribed benzodiazepine use have decreased, with 37% reporting recent use in 2018. Alcohol and tobacco use have remained consistently high over the period of monitoring, with 65% and 95% reporting recent use, respectively (17% and 92% of consumers using daily, respectively).

Drug-related harms and other risks

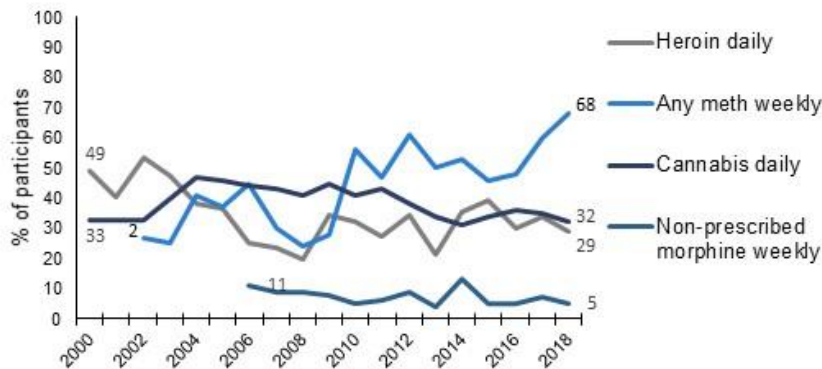
One-third (31%) reported using a combination of opioids, benzodiazepines, and/or stimulants the day prior to interview. One-quarter of the participants (25%) reported overdosing on any drug in the preceding year. Eleven per cent of the total sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program. Rates of sharing of needles and other injecting equipment remained stable, although there was an increase in the experience of an injection related problem in the past month (76%). Self-reported past six month mental health problems and past-month criminal activity remained relatively high and stable (41% and 46%, respectively).

Key findings from the NSW Illicit Drug Reporting System interviews, 2018

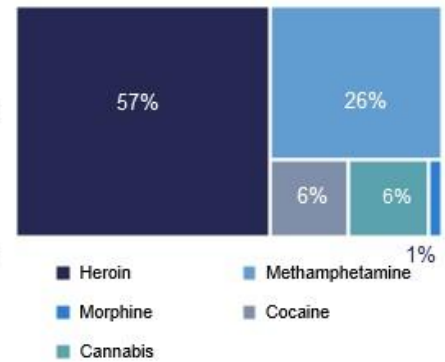


Annual cross-sectional interviews from 2000 to 2018 with people who inject drugs, recruited from Australian capital cities

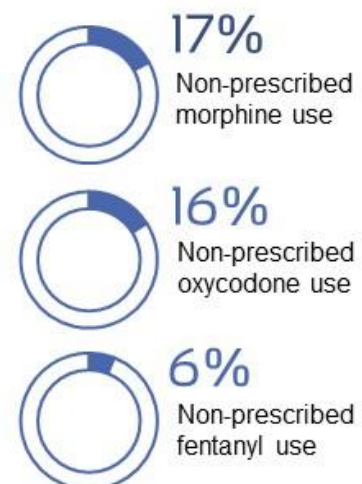
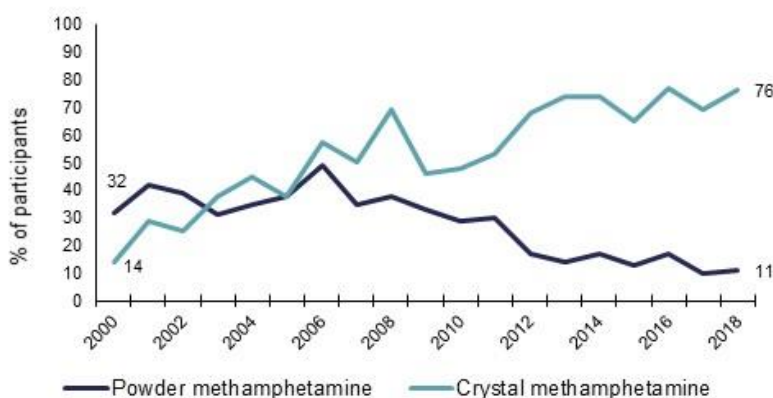
High frequency use in the past six months



Drug of choice

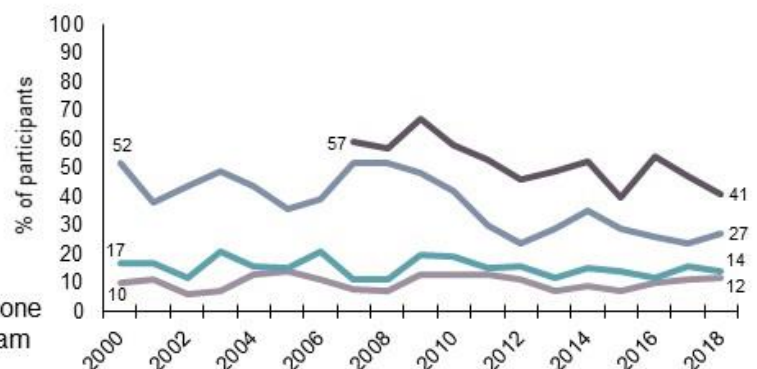


Use in the past six months



Risks and harms

- 25% of the NSW sample reported experiencing a non-fatal overdose in the last year
- 61% had heard of take-home naloxone programs
- 11% had been resuscitated by someone who had participated in a program



Main current treatment type



1

Background and methods

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with a sentinel group of people who regularly inject drugs, recruited from all capital cities of Australia (N=905 in 2018). In 2018, 152 participants were recruited from four sites across Sydney, forming the focus of this report. The results from the IDRS interviews are not representative of all people who consume drugs, but this is not the aim of the study, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These results should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in NSW.

Background

The [Illicit Drug Reporting System \(IDRS\)](#) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of [Drug Trends](#). The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs. This report focuses on the key results from the annual interview component of IDRS.

Methods

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred. A total of 905 participants were interviewed during May–July 2018 (888 participants in 2017), with 152 participants interviewed in Sydney, NSW, during June, 2018 (150 participants in 2017). One fifth (20%) of participants reported that they had previously participated in the NSW IDRS.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ± 1 or kurtosis > ± 3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2017 and 2018. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported).

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the [methods for the annual interviews](#) but it should be noted that these data are from participants recruited in capital cities, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances, nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in NSW (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Additional Outputs

[Infographics](#) and [key figures](#) from this report are available for download. There is a range of outputs from the IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from the [Ecstasy and Related Drugs Reporting System \(EDRS\)](#), which focuses on the use of ecstasy and other stimulants.

Please contact the research team at drugtrends@unsw.edu.au with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

2

Sample characteristics

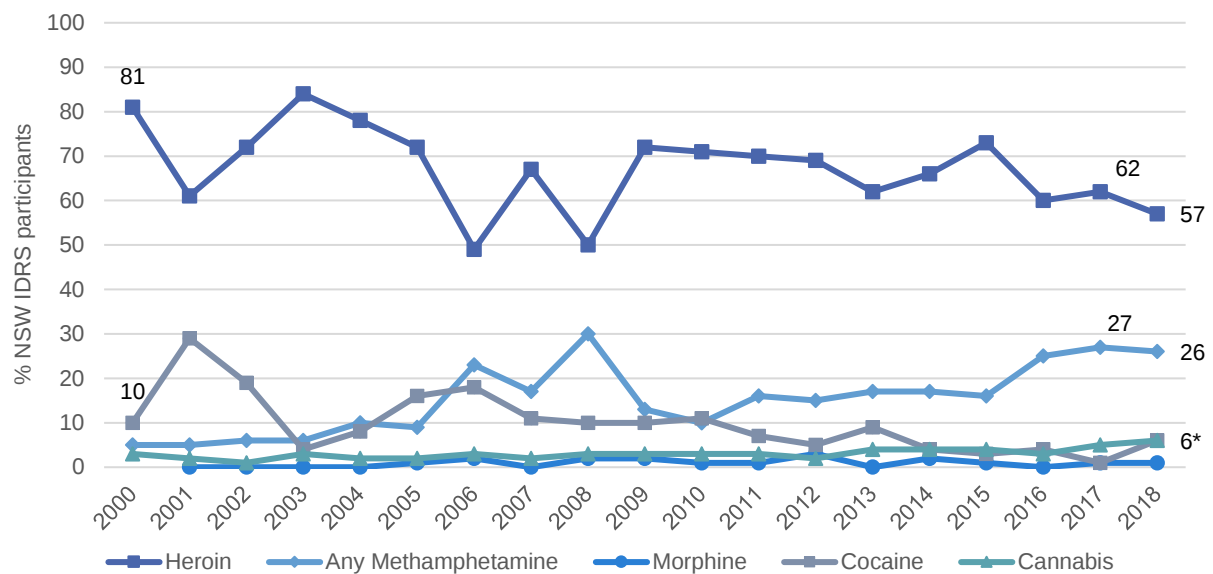
In 2018, the IDRS sample in NSW was predominantly male (67%) with a mean age of 43 (range: 20-67). The majority of the sample were unemployed (87%), although nearly one half (49%) reported having received some post-school qualification(s). Participants typically reported that heroin was their drug of choice (57%), and remained the drug injected most often in the month preceding interview (57%).

Table 1: Demographic characteristics of the sample, nationally and NSW, 2014-2018

	National	NSW				
	2018	2018	2017	2016	2015	2014
	N=905	N=152	N=151	N=151	N=150	N=150
Mean age (years; SD)	43 (9)	43 (10)	44 (9)	43 (10)	43 (10)	40 (9)
% Male	66	67	66	73	66	75
% Aboriginal and/or Torres Strait Islander	19	29	28	24	39	37
% Sexual identity						
Heterosexual	88	87*	78	88	87	91
Gay male	1	.*	5	4	-	-
Lesbian	2	4	-	0	-	0
Bisexual	8	7	13	9	10	7
Other	1	-	-	0	-	0
Median grade at school completed (IQR)	10 (9-11)	10 (8-11)	10 (8-11)	10 (8-11)	10 (8-10)	10 (8-10)
% Completed trade/tech qualification	44	37	36	47	47	49
% Completed university/college	9	12	11	9	7	7
% Accommodation						
Own home (<i>inc. renting</i>)~	69	70	60	51	67	61
Parents'/family home	8	9	4	-	9	5
Boarding house/hostel	7	5	7	17	6	9
Shelter/refuge	2	-	-	-	-	-
No fixed address	14	13**	27	27	15	22
Other	1	-	-	-	-	-
Employment status						
% Unemployed	87	87	91	89	93	93
% Full-time work	3	-	-	-	-	-
% Gov't pension, allowance or benefit main income source	88	92	93	/	/	/
Median income/week (\$; IQR)	(N=892) 350 (275-450)	(N=147) 306 (260-400)	(N=146) 335 (257-423)	(N=144) 333 (250-415)	(N=149) 330 (251-425)	(N=150) 300 (250-400)

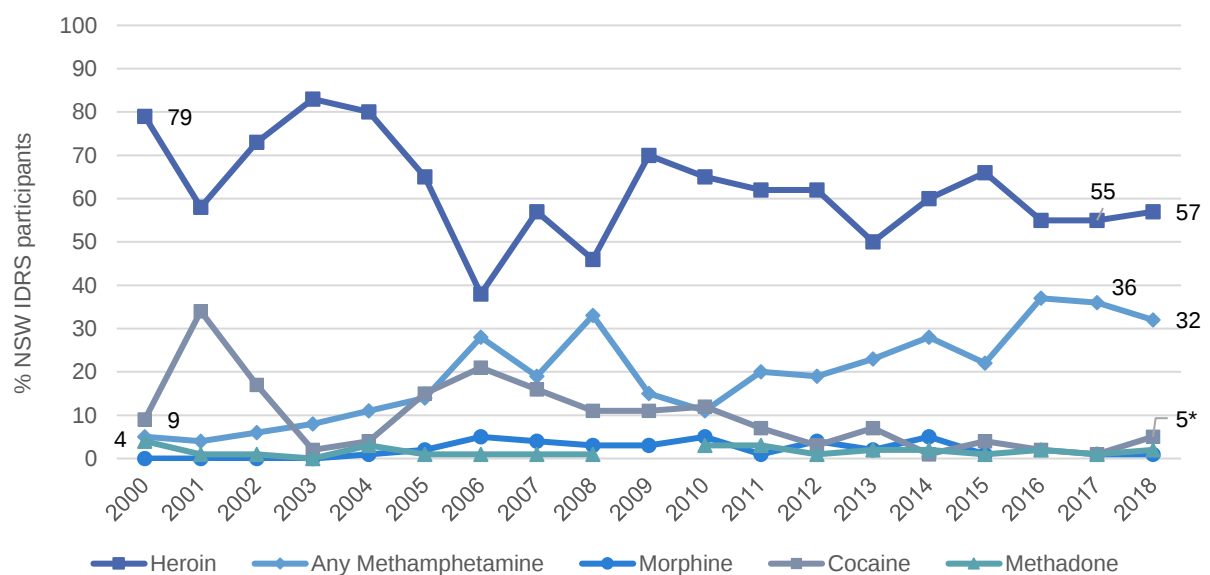
Note. ^Includes trade/technical and university qualifications. ~ Includes private rental and public housing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 1: Drug of choice, NSW, 2000-2018



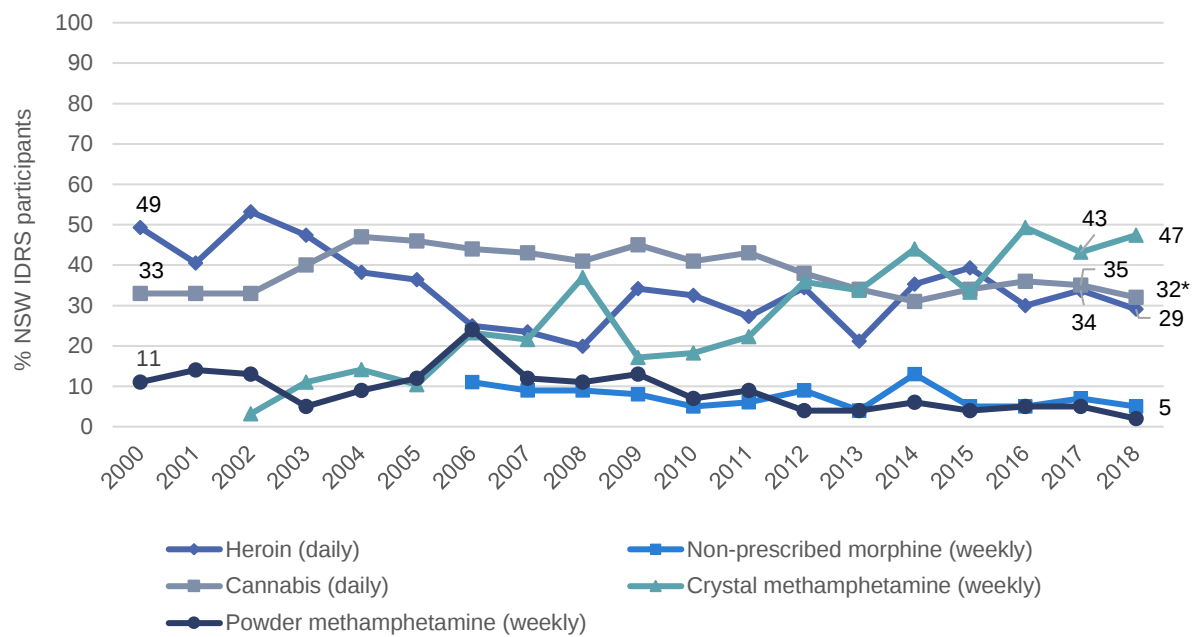
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 2: Drug injected most often in the past month, NSW, 2000-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 3: High frequency substance use in the past six months, NSW, 2000-2018



Note. These figures are of the entire sample. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

3

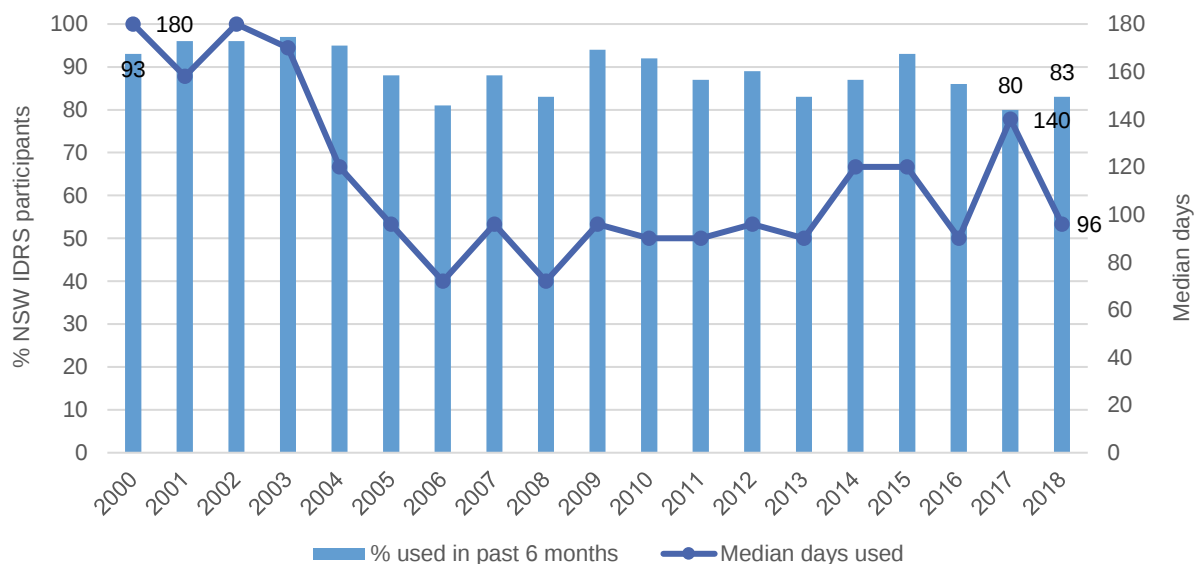
Heroin

Participants were asked about their recent (past six month) use of heroin and of homebake heroin. Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Recent Use

- While recent use has declined over the course of monitoring, the rate of use in 2018 was stable relative to 2017 (83% versus 80%; $p=0.554$; Figure 4).
- In 2018, median frequency of use was 96 days (IQR 24-180; median days 140 in 2017; $p=0.277$), equivalent to every second day (Figure 4).
- One-third (35%) of people who use heroin reported daily use (42% in 2017; $p=0.386$).
- Injecting remains the most common route of administration (100% versus 99% in 2017).
- Small numbers reported other routes of administration, with the only noteworthy being 12% reporting smoking in the last six months.
- In 2018, the median amount used in a typical day was 0.2 grams (IQR 0.1-0.4).
- Small numbers reported recent use of homebake heroin in 2018 (9% versus 6% in 2017; $p=0.286$).

Figure 4: Past six month use and frequency of use of heroin, NSW, 2000-2018

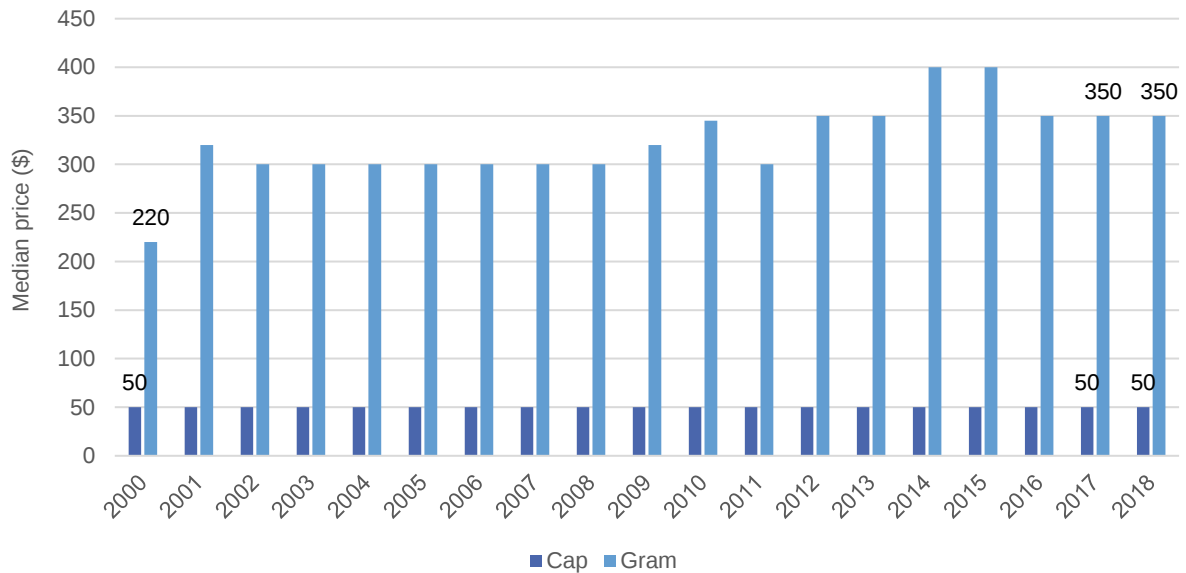


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Price, Perceived Purity and Availability

- In 2018, consumers reported a median price of \$350 for one gram (IQR 200-400; n=37) and \$50 for a cap (IQR 50-50; n=38; a 'cap' being a small amount typically used for a single injection) (Figure 5). This is consistent with reports in recent years.

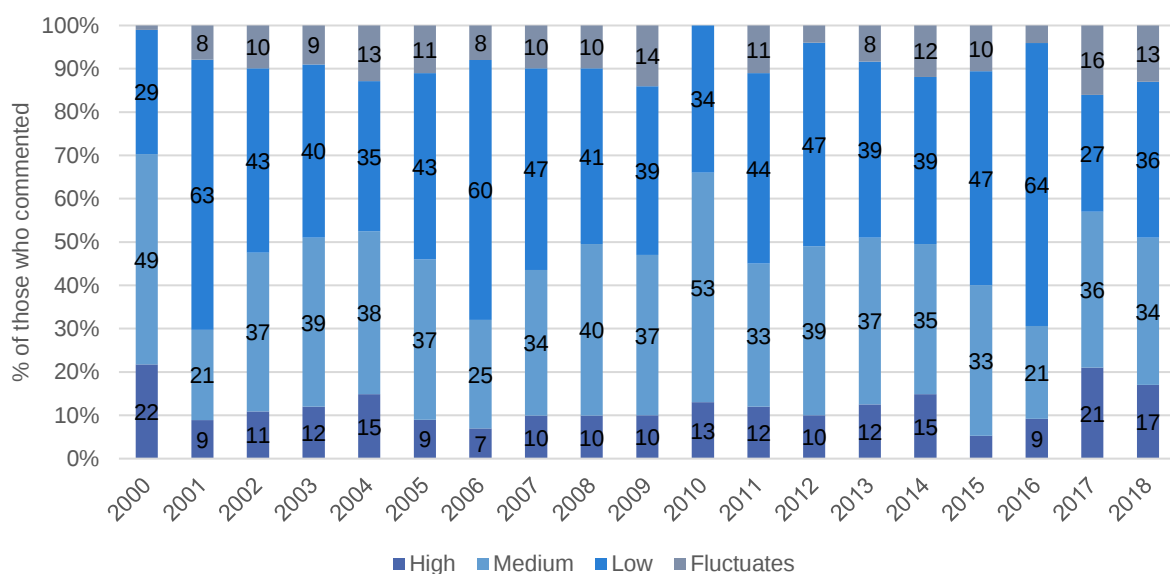
Figure 5: Median price of heroin per cap and gram, NSW, 2000-2018



Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

- Of those able to comment (n=119), an equal distribution perceived current purity of heroin as 'medium' (34%) and low (36%), consistent with 2017 (36% and 27% respectively; see Figure 6).

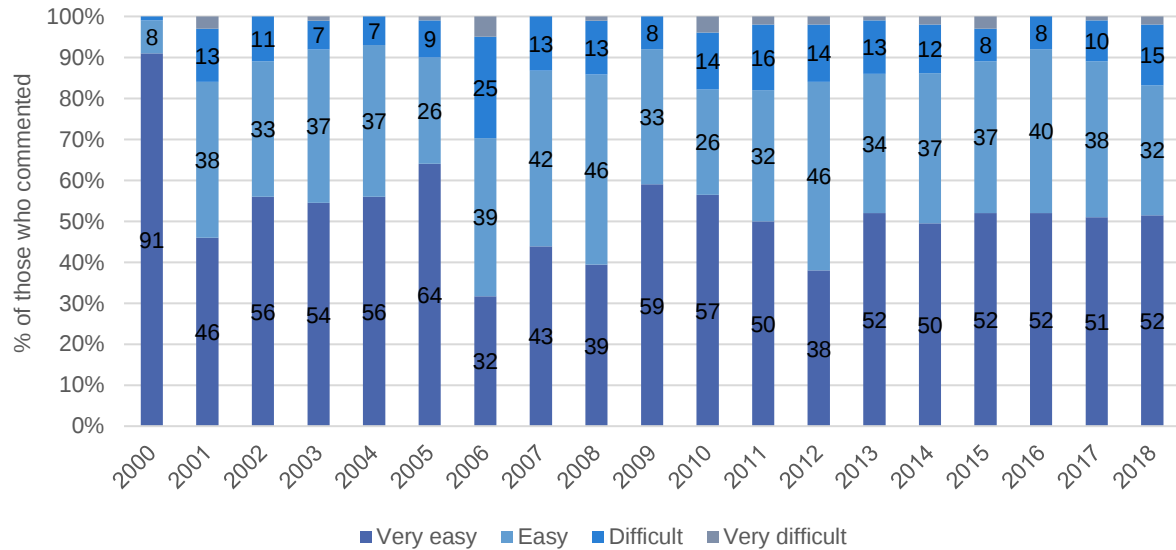
Figure 6: Current perceived purity of heroin, NSW, 2000-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018

- Of those able to comment (n=122), over half (52%) perceived the current availability of heroin as 'very easy' and a third (32%) as 'easy' to obtain. This reflects results from 2017 (52% and 38%, respectively) (Figure 7).

Figure 7: Current perceived availability of heroin, NSW, 2000-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

4

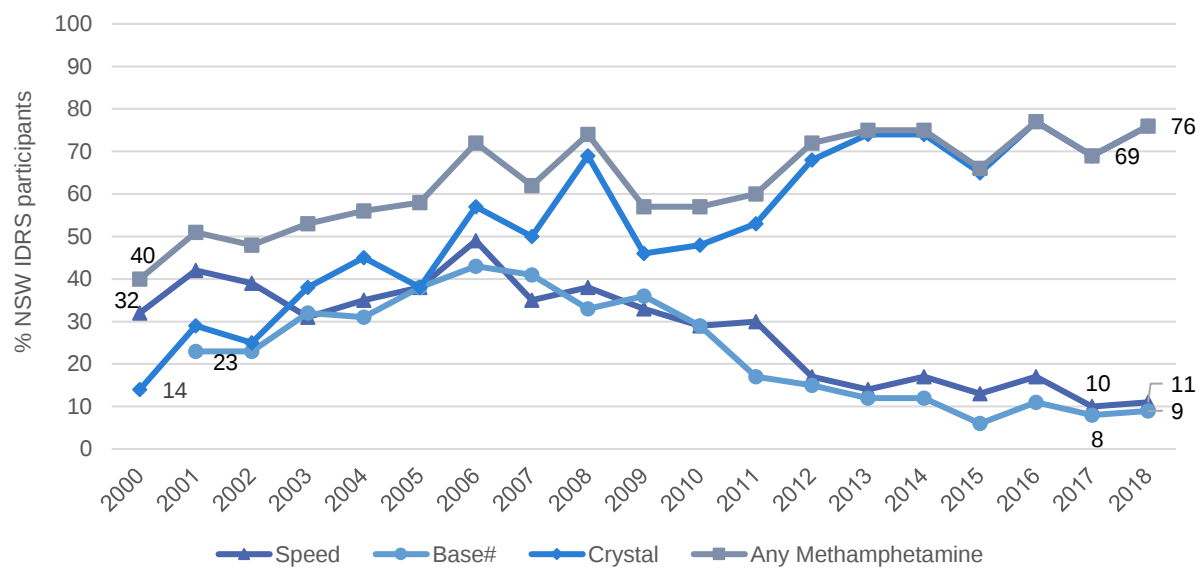
Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as speed), base (wet, oily powder), crystal (clear, ice-like crystals), and liquid.

Recent Use

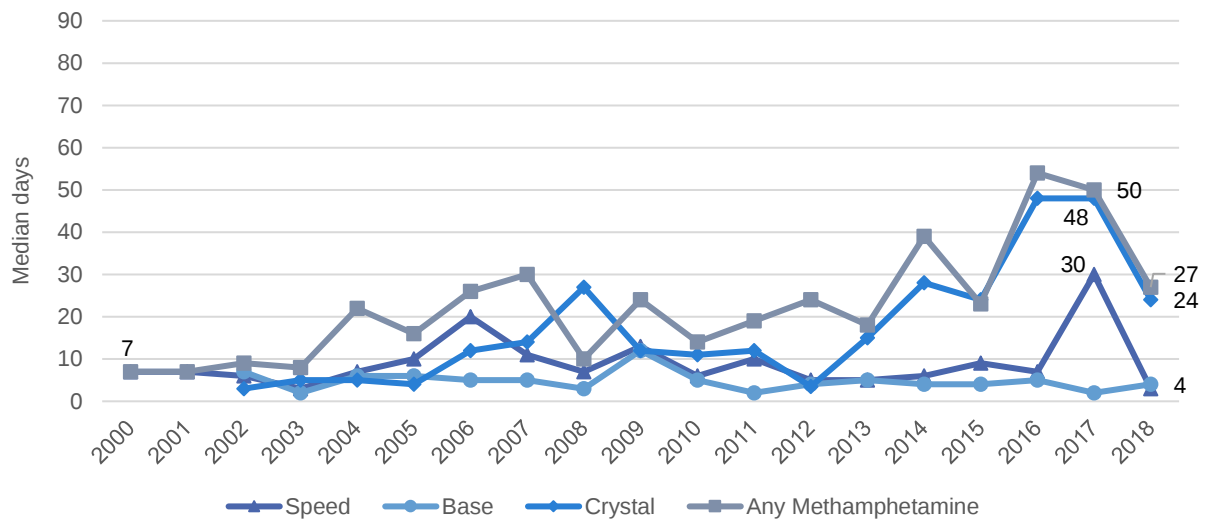
- Recent use of any methamphetamine (powder, base, crystal, and/or liquid amphetamine) has increased over time, with at least three in four participants reporting use in recent years (76% in 2018 versus 69% in 2017; $p=0.187$) (Figure 8).
- In 2018, there was a decrease in frequency of use relative to 2017, with consumers reporting a median of 27 days of use (IQR 7-96; 50 days in 2017; $p=0.131$) (Figure 9).
- Sixty-three per cent of consumers reported weekly or more frequent use of any methamphetamine, a slight decrease from 2017 (68%; $p=0.489$).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, NSW, 2000-2018



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers, however in 2018 4% of the NSW sample reported use of liquid amphetamine in the six months preceding interview. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, NSW, 2000-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Powder methamphetamine

- Recent use of powder methamphetamine has decreased since monitoring began, with less than one in five participants reporting recent use since 2012 (11% in 2018 versus 10% in 2017; $p = 0.709$) (Figure 8).
- Consumers reported a median of three days (IQR 1-12) of use, representing a decline following a peak in 2017 (30 days; IQR 5-48; $p = 0.006$) (Figure 9).
- Most consumers (94%) reported recent injection of powder on a median of three days (IQR 1-12 versus 20 days in 2017; $p = 0.011$)
- The median amount used on a typical day in the past six months was 0.2 grams (IQR 0.1-0.625).

Base methamphetamine

- Base methamphetamine remains the least commonly used for of methamphetamine since monitoring began in 2001 (9% in 2018 versus 8% in 2017; $p = 0.848$) (Figure 8).
- Frequency of use remained low, at a median of four days (IQR 1-8; versus 2 days in 2017; $p = 0.538$) (Figure 9).
- Of recent consumers ($n = 13$), all reported recently injecting.
- The median amount used on a typical day of use in the past six months was 0.2 grams (IQR 0.1-0.25).

Crystal methamphetamine

- Recent use has increased since 2010 (Figure 8), with 76% of participants reporting recent use in 2018 (versus 69% in 2017; $p = 0.187$).
- In 2018, consumers reported using crystal methamphetamine on a median of 24 days (IQR 6-90; versus 48 days in 2017; $p = 0.129$) (Figure 9).
- The majority of those who could comment ($n = 115$) reported injecting (94% versus 98% in 2017; $p = 0.121$) on a median of 24 days (IQR 8-72), followed by 45% who reported smoking in the past six months (versus 46% in 2017; $p = 0.890$).

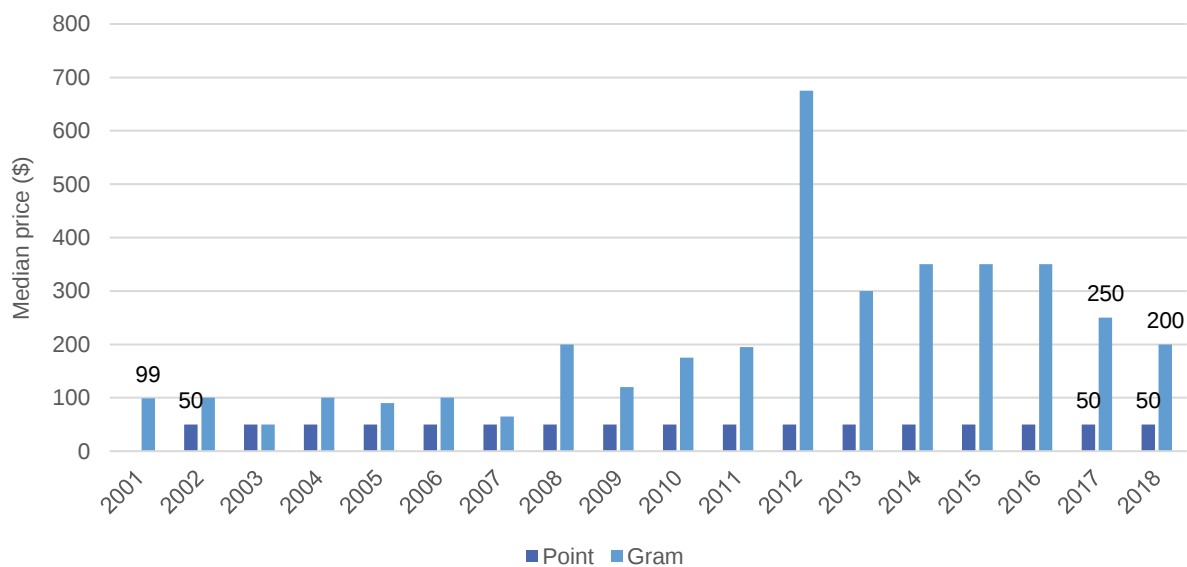
- The median amount used on an average day of consumption in the last six months was 0.1 grams (IQR 0.1-0.3).

Price, Perceived Purity and Availability

Powder methamphetamine

- The median price of a point (0.1 gram) has remained stable at \$50 (2018: n=15; IQR 50-50) across the duration of monitoring (Figure 10).
- However, the median price of one gram was reported at \$200 (n=10; IQR 195-350) in 2018, the lowest price reported since 2012, yet still double the median price recorded in the early 2000s.

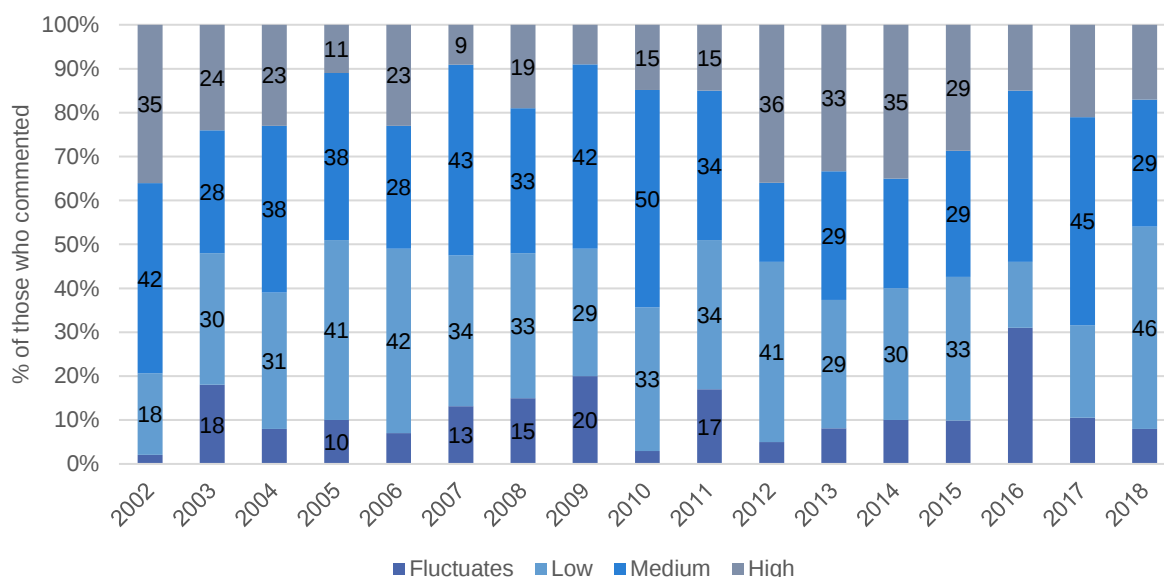
Figure 10: Median price of powder methamphetamine per point and gram, NSW, 2001-2018



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

- Amongst those who could comment on powder methamphetamine (n=24), most perceived it to be of 'low' (46%) or 'medium' (29%) purity in 2018 (Figure 11).

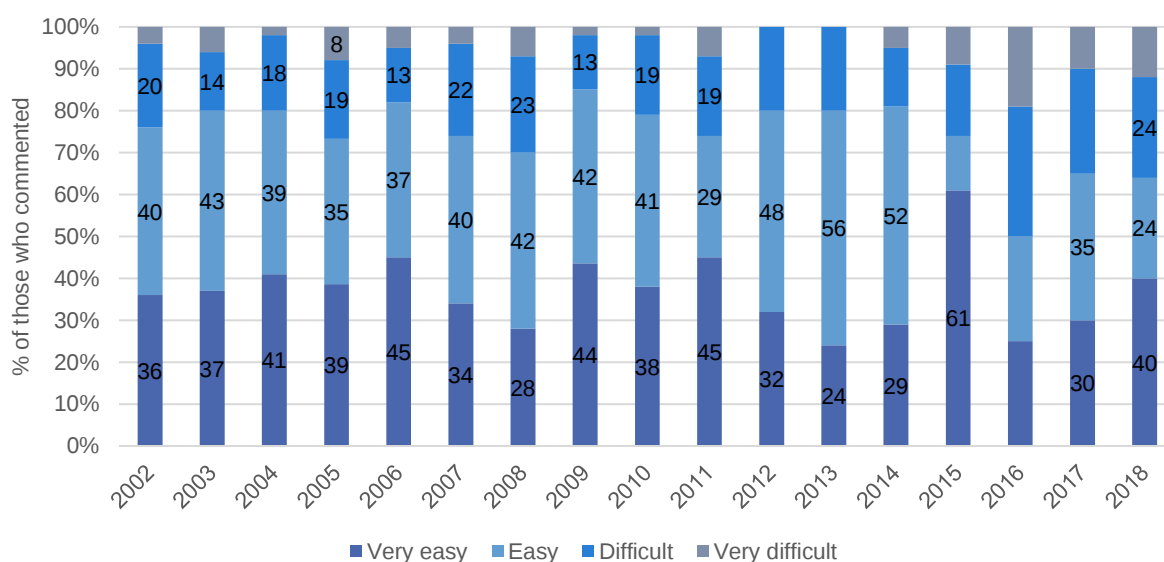
Figure 11: Current perceived purity of powder methamphetamine, NSW, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

- Of consumers commenting (n=25), the majority reported it to be 'very easy' (40%) to obtain (Figure 12).

Figure 12: Current perceived availability of powder methamphetamine, NSW, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

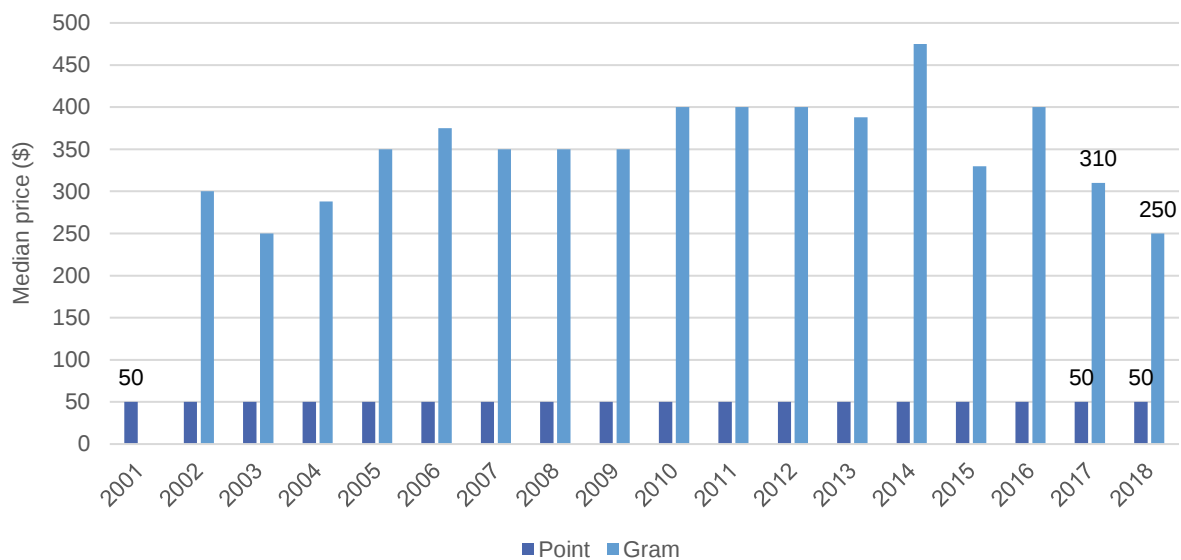
Base methamphetamine

- Due to low numbers reporting use, no details will be provided about the price, perceived purity, and availability of base. For further information, please refer to the [national report](#), or contact the researchers.

Crystal methamphetamine

- Median price of a point of crystal methamphetamine has been \$50 since monitoring began in 2001 (2018: n=74; IQR 50-50).
- The median price of a gram of crystal has ranged from \$250 to \$475, with the median price recorded in 2018 being the lowest at \$250 (n=23; IQR 200-350; versus \$310 in 2017; $p=0.078$) (Figure 13).

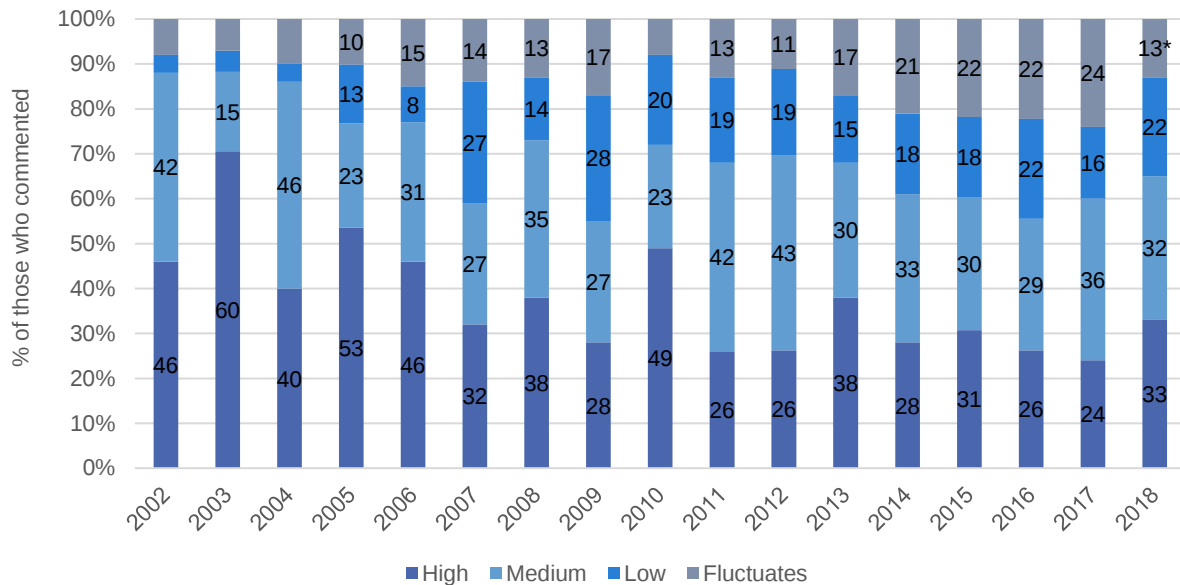
Figure 13: Median price of crystal methamphetamine per point and gram, NSW, 2001-2018



Note. Among those who commented. No data available for gram in 2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

- Among those who were able to comment (n=102), one-third perceived the current purity of crystal methamphetamine to be 'high' (33%) or 'medium' (32%) (Figure 14).

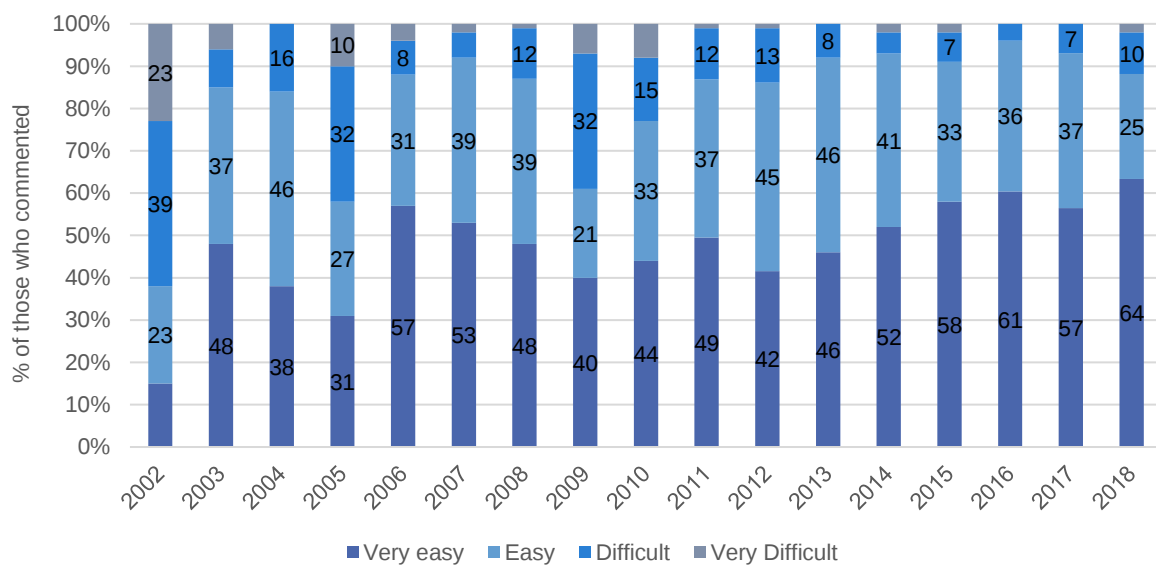
Figure 14: Current perceive purity of crystal methamphetamine, NSW, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

- Of those who commented on availability (n=105), the majority perceived it to be 'very easy' (64%) to obtain crystal methamphetamine (Figure 15).

Figure 15: Current perceived availability of crystal methamphetamine, NSW, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

5

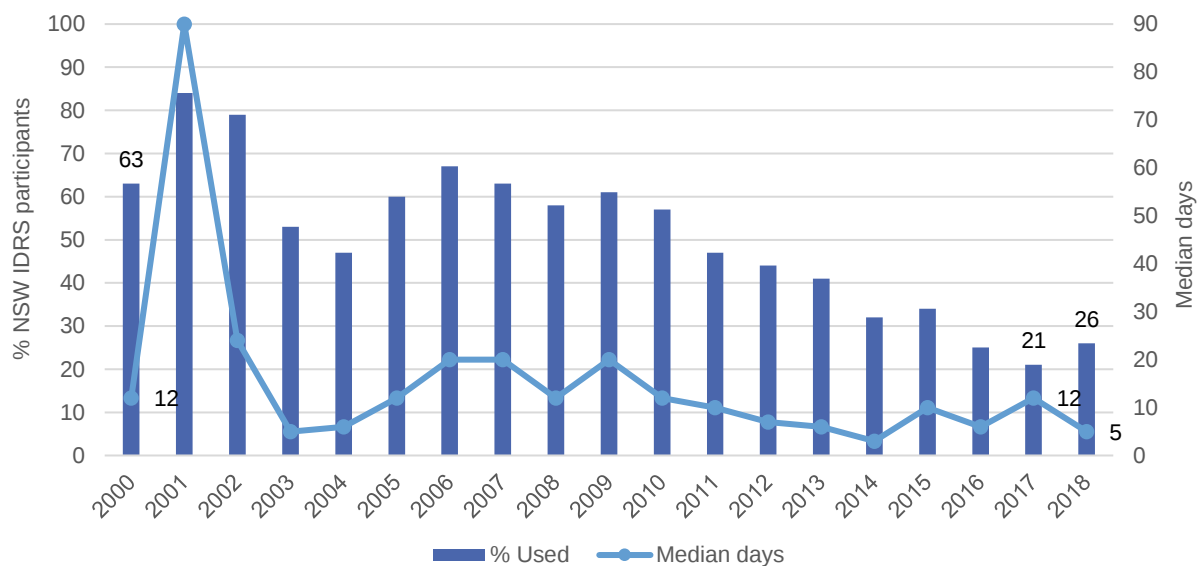
Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly pure. 'Crack' is most prevalent in North America and infrequently encountered in Australia.

Recent Use

- Recent use of cocaine has decreased over the period of monitoring, from a peak of 84% in 2001 to 26% in 2018 (21% in 2017; $p=0.295$; Figure 16).
- In 2018, median frequency of use was 5 days (IQR 2-24; median days 12 in 2017; $p=0.471$; Figure 16), with 30% of recent users reporting weekly or more frequent use of cocaine.
- Injecting remained the most common route of administration, reported by 83% of consumers (versus 84% in 2017; $p=0.832$).
- One-quarter (25%) of consumers reported snorting in 2017 and 2018.
- Those who reported recent cocaine use consumed a median of 0.25 gram (IQR 0.1-1) on a typical day of use.

Figure 16: Past six month use and frequency of use of cocaine, NSW, 2000-2018

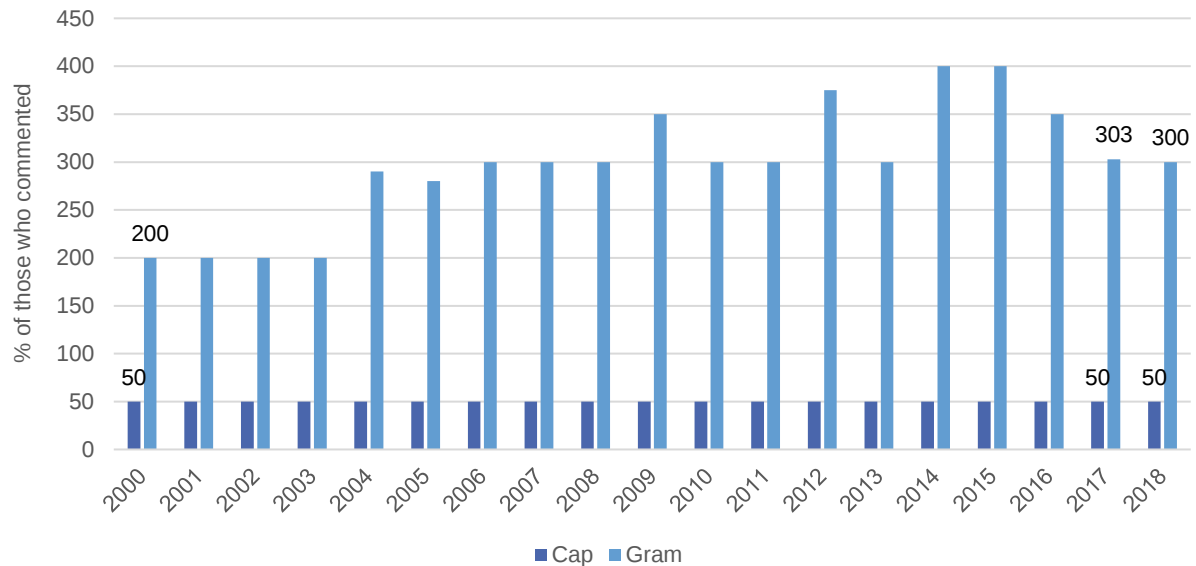


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Price, Perceived Purity and Availability

- There has been some fluctuation in the reported price of a gram, with a median price of \$300 (n=14; IQR 287.50-350) recorded in 2018. The price of a point has been consistently \$50 (2018: n=13; IQR 50-50) since monitoring began (Figure 17).

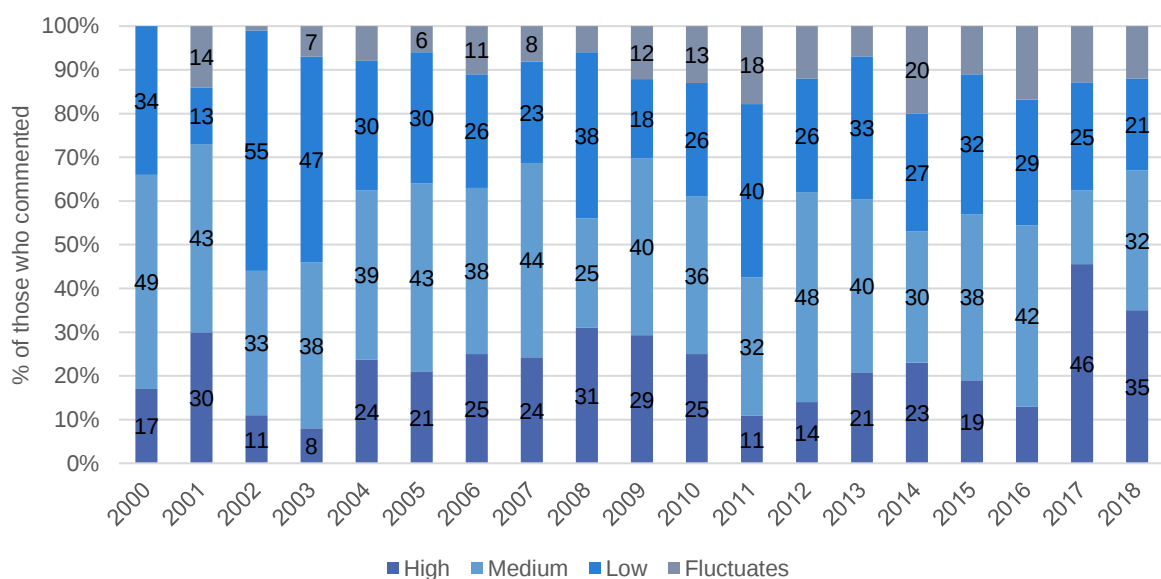
Figure 17: Median price of cocaine per cap and gram, NSW, 2000-2018



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

- Of those who were able to comment (n=34), one-third perceived cocaine to be of 'high' (35%) or 'medium' (32%) purity, consistent with previous years (Figure 18).

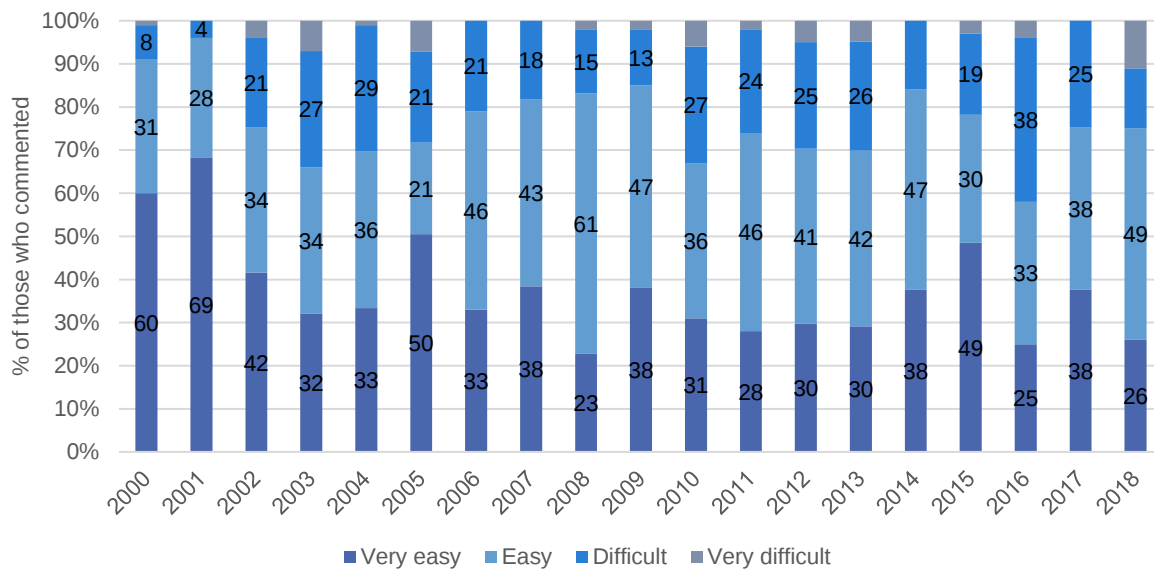
Figure 18: Current perceived purity of cocaine, NSW, 2000-2018



Note. The response 'Don't know' was excluded from analysis. Figures may not add up to 100% due to rounding. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

- Amongst those who reported recent use of cocaine (n=35), one-quarter reported it to be 'very easy' (26%) and nearly half (49%) 'easy' to obtain, consistent with recent years (Figure 19).

Figure 19: Current perceived availability of cocaine, NSW, 2000-2018



Note. The response 'Don't know' was excluded from analysis; Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

6

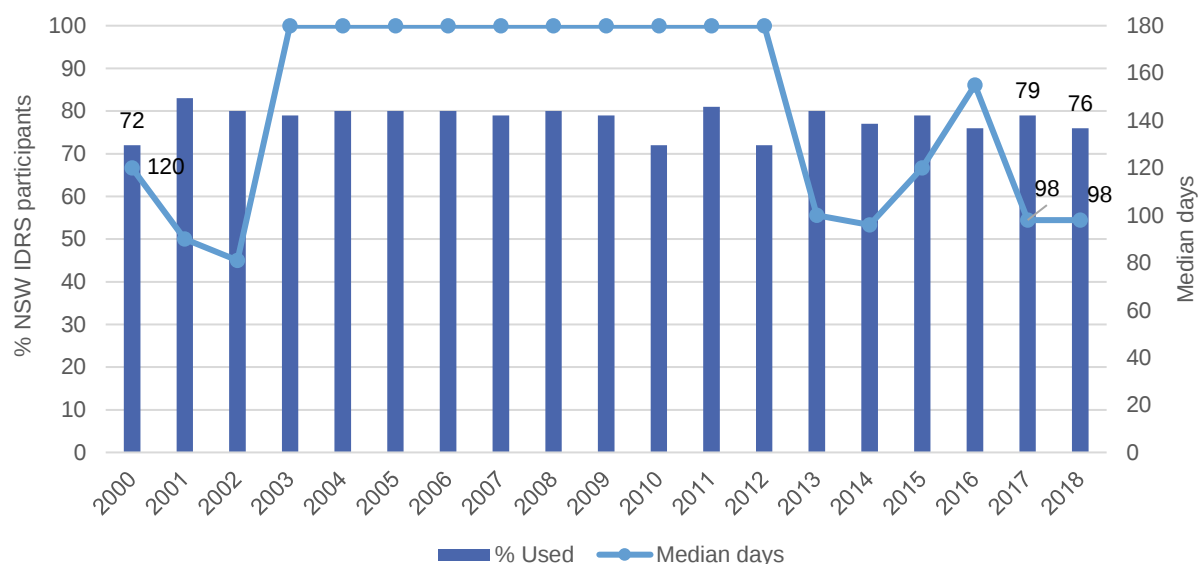
Cannabis

Participants were asked about their recent (past six month) use of indoor-cultivated cannabis via a hydroponic system ('hydro') and outdoor-cultivated cannabis ('bush'), as well as hashish and hash oil.

Recent Use

- Since monitoring began, at least two-thirds of participants have reported recent use of cannabis (76% in 2018) (Figure 20).
- In 2018, median frequency of use in the past six months was 98 days (IQR 24-180), consistent with 2017 but low relative to 2003-2012 when daily consumption was reported (Figure 20).
- Forty-two per cent of recent consumers reported using cannabis daily (consistent with 45% in 2017; $p=0.603$).
- Smoking was the most common route of administration amongst consumers (98%; 100% in 2017; $p=0.150$). One quarter (25%) reported inhaling or vaporising cannabis in 2018 (9% in 2017; $p=0.001$).
- The median intake per typical day of consumption was one gram (IQR 1-2; $n=74$) or 5 cones (IQR 2.25-7.5; $n=28$).
- Hydroponic cannabis was reported as the form most commonly used in the preceding six months (84%), followed by outdoor-grown 'bush' cannabis (14%).

Figure 20: Past six month use and frequency of use of cannabis, NSW, 2000-2018

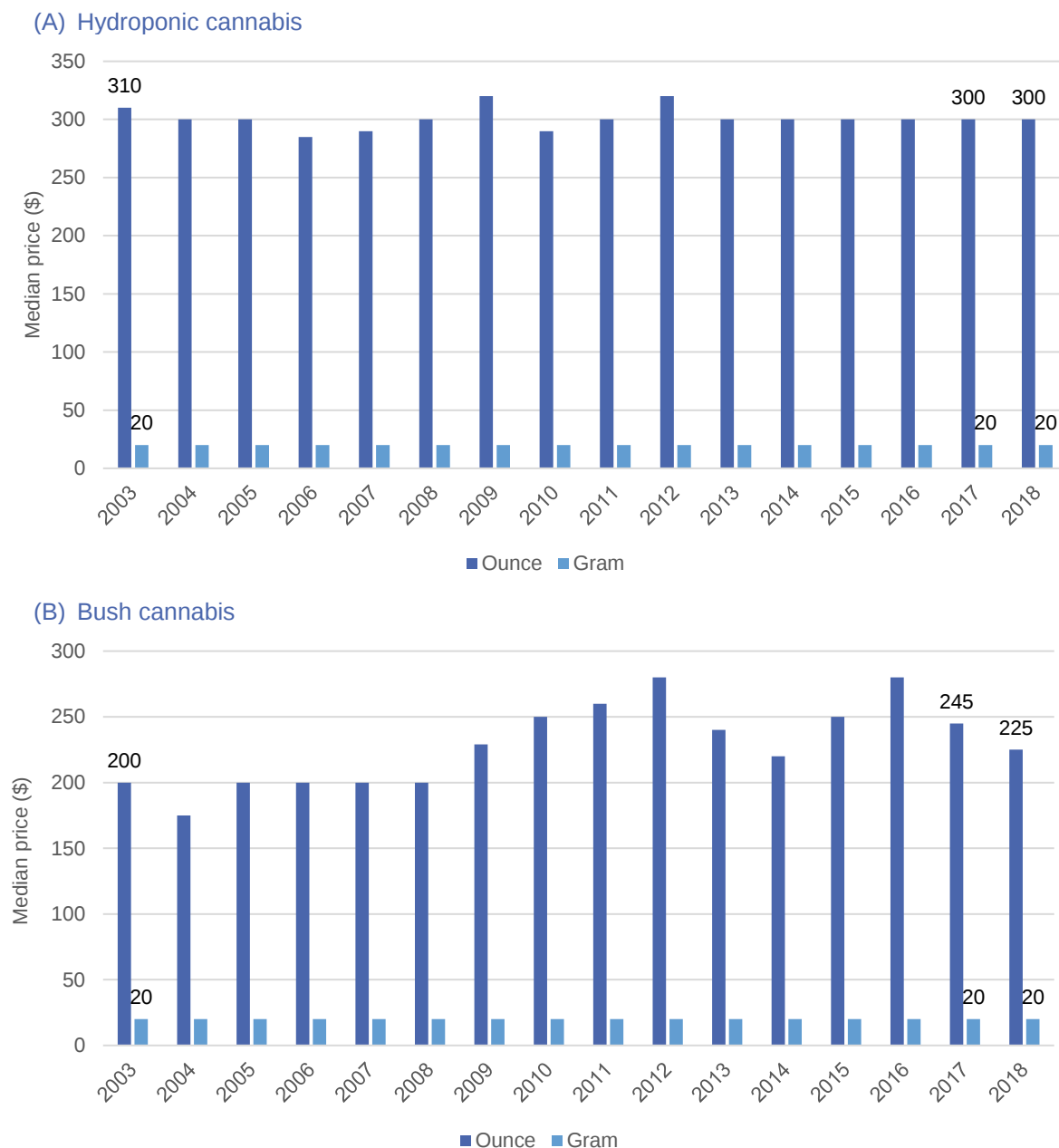


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Price, Perceived Purity and Availability

- Consistent with previous years, the median price per gram of hydroponic cannabis was \$20 (n=57; IQR 20-20), and \$20 for bush (n=18; IQR 20-20).
- The price per ounce of hydroponic remained relatively stable compared to previous years (\$300, n=18, IQR 300-327.50), unlike the price per ounce of bush, which has fluctuated since 2009 (2018: median \$225, interpret with caution as n≤5; Figure 21).

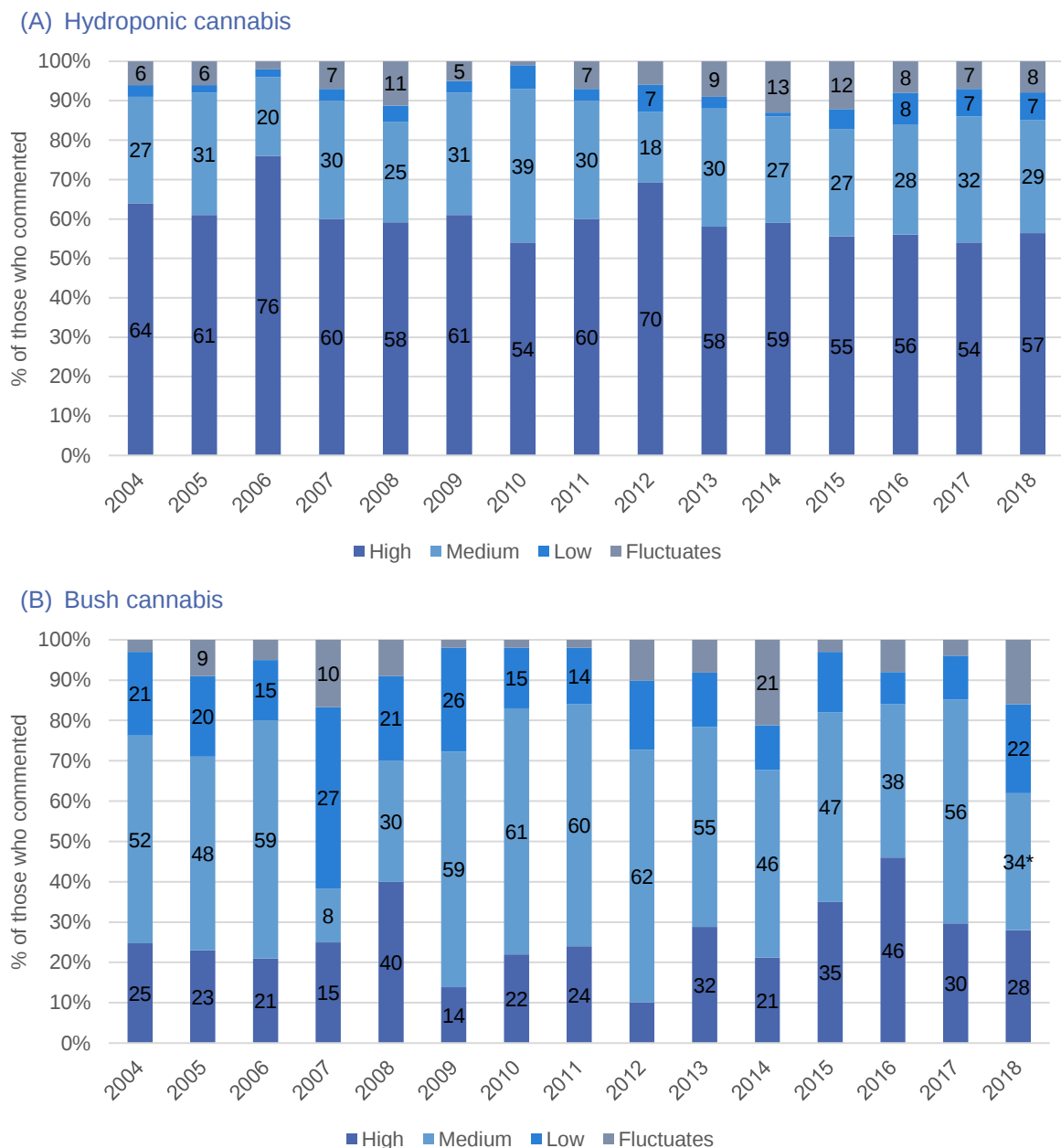
Figure 21: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, NSW, 2003-2018



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

- Of those who were able to comment (hydroponic: n=90; bush: n=32), over half (57%) perceived hydroponic cannabis to be of 'high' potency. In contrast, only 28% reported bush to be of 'high' potency (
- Figure 22).

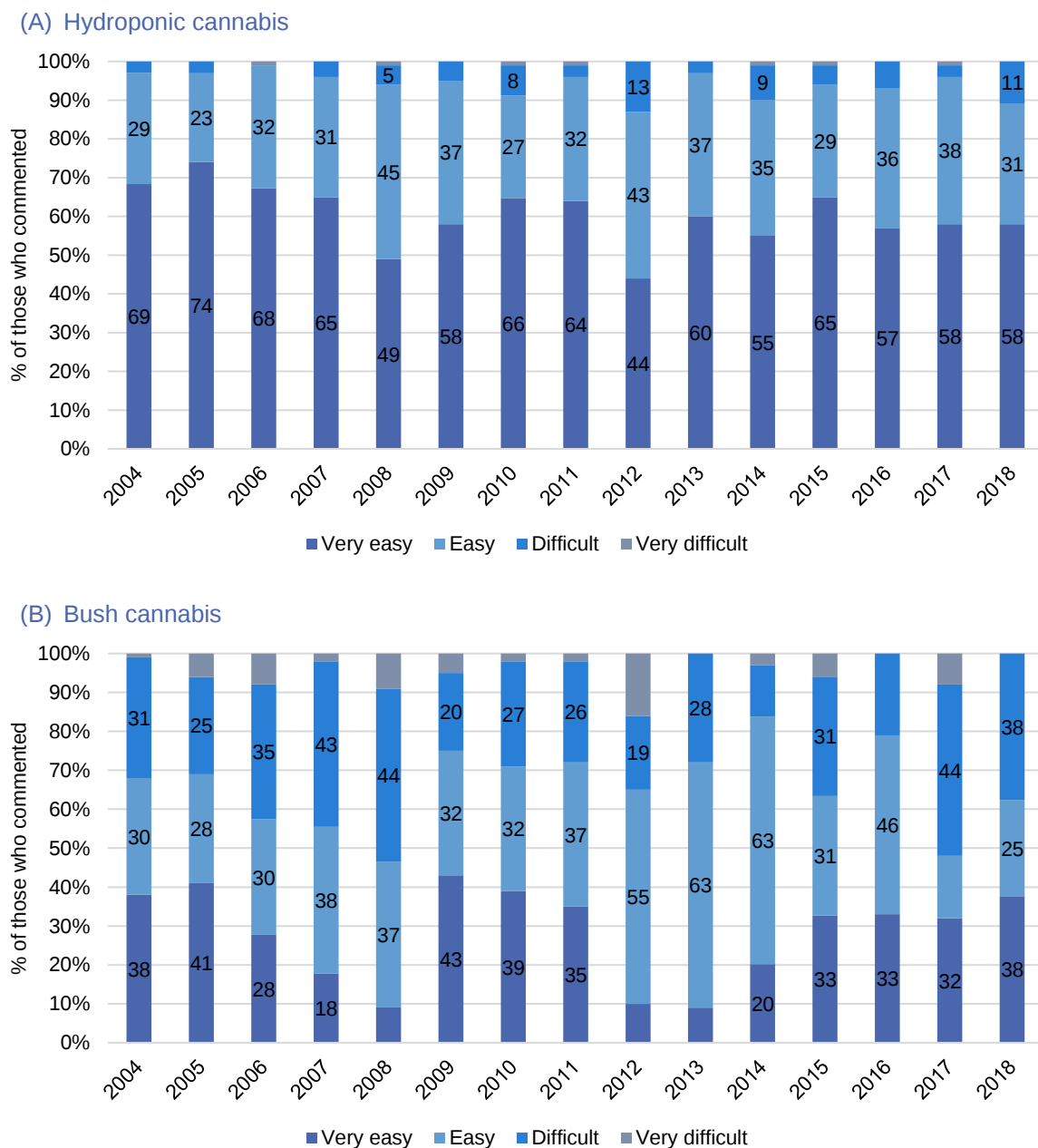
Figure 22: Current perceived potency of hydroponic (a) and bush (b) cannabis, NSW, 2004-2018



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

- Participants who had consumed hydroponic cannabis recently (n=88) mostly reported it to be 'very easy' to obtain in 2018 (58%), consistent with previous years.
- Reports of bush availability (n=32) also indicated that bush tended to be 'easy' (25%) or 'very easy' (38%) to obtain (
-
- Figure 23).

Figure 23: Current perceived availability of hydroponic (a) and bush (b) cannabis, NSW, 2004-2018



Note. The response 'Don't know' was excluded from analysis. * Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

7

Pharmaceutical opioids

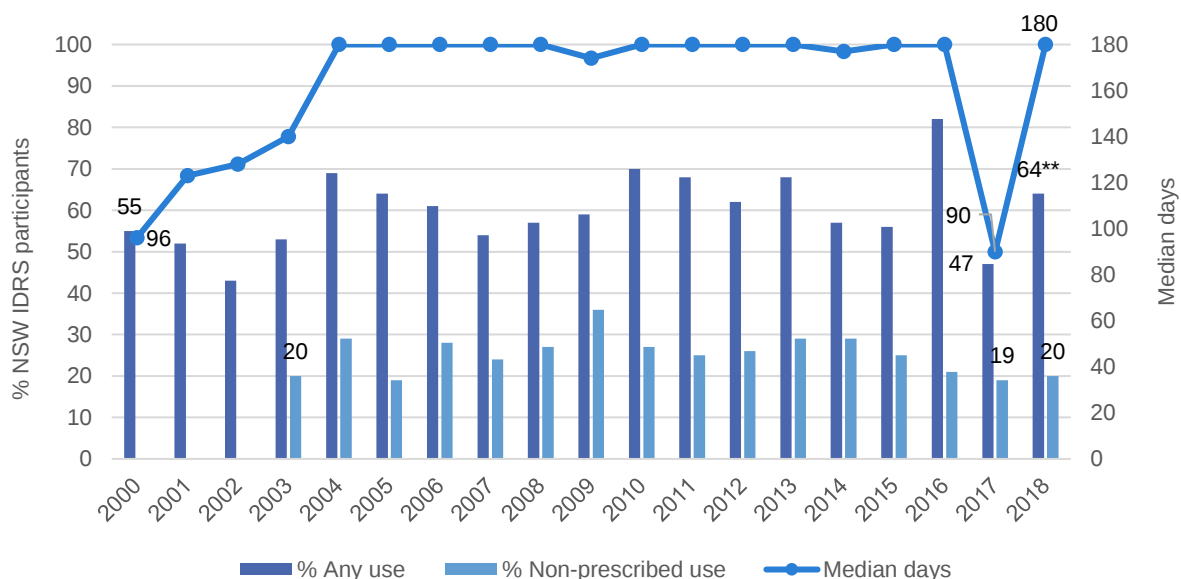
The following section describes rates of recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to **prescribed use**: use of pharmaceutical opioids obtained by a prescription in the person's name; **non-prescribed use**: use of pharmaceutical opioids obtained from a prescription in someone else's name; and **any use**: use of pharmaceutical opioids obtained through either of the above means. For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

Recent Use

Methadone

- Historically, at least half the sample have reported recent use of methadone in most years of monitoring. Recent use of methadone (including liquid and tablets) increased significantly from 2017 to 2018 (47% versus 64%; $p=0.004$), although it should be noted that 2017 represented a decline relative to earlier years. (Figure 24).
- The increase in use in 2018 was driven largely by greater prescribed use (55% versus 34% in 2017; $p<0.001$).
- Methadone use has historically consisted largely of prescribed use, with rates of non-prescribed use peaking in 2009 at 36% and declining subsequently to 20% in 2018 (Figure 24).
- Frequency of use has largely remained stable from 2004 onwards (median 180 days in 2018; IQR 24-180; Figure 24), with frequency of non-prescribed use low (2018: median 4 days, IQR 2-18)
- One third (32%) of recent consumers reported injecting any methadone (including methadone liquid and tablets) on a median of 6 days (IQR 2-48). This is a slight decrease from 2017, with 41% of recent consumers reporting injecting any methadone ($p=0.208$) on a median of 6 days (IQR 2-19; $p=0.654$).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, NSW, 2000-2018

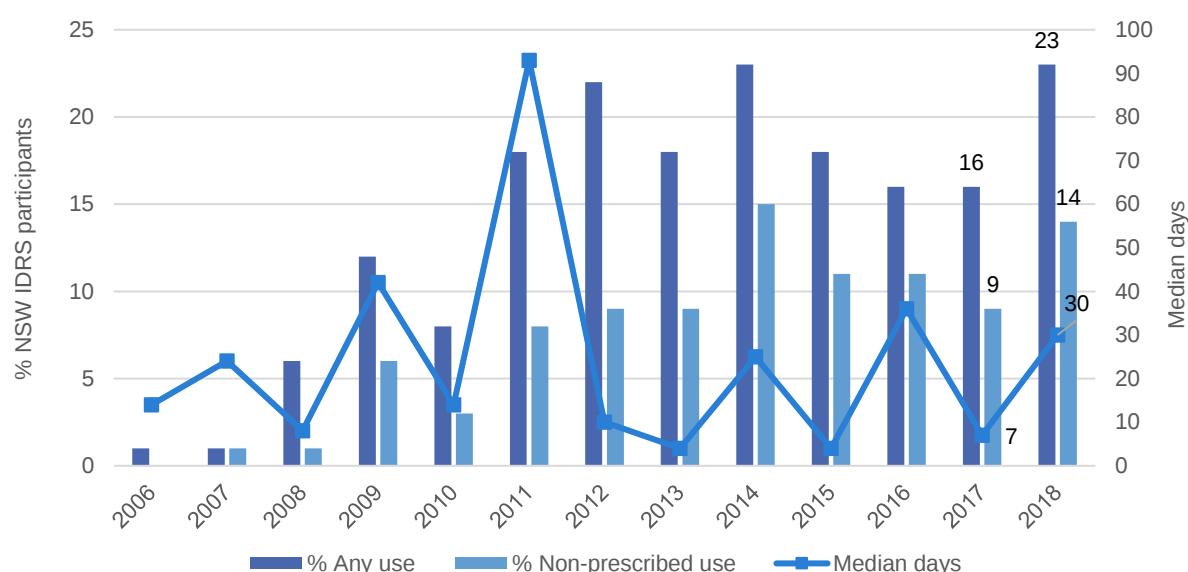


Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Buprenorphine-Naloxone

- Past six month use of buprenorphine-naloxone have been relatively stable since 2011, with an increase in use from 2017 to 2018 (16% to 23%; $p=0.182$).
- Consumers reported a median of 30 days of use (IQR 5-152) of any buprenorphine-naloxone use in the past six months, with a median of 81 days (IQR 19-180) of prescribed use, and 7 days (IQR 3-49) of non-prescribed.
- Over one-quarter (28%) of recent consumers reported injecting any form of buprenorphine-naloxone on a median of 3 days (IQR 1-5) in the last six months.
- This is a decrease from 2017, with 47% of consumers reporting injecting any form of buprenorphine-naloxone ($p=0.138$) on a median of 8 days (IQR 1-180; $p=0.158$).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, NSW, 2006-2018

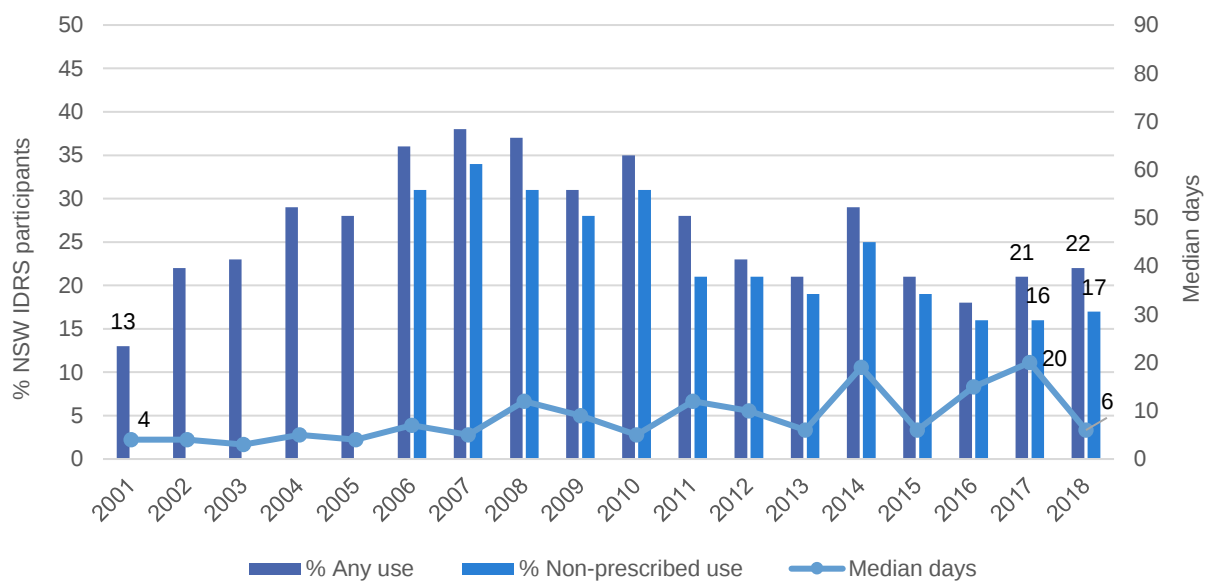


Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2018 participants were asked about the use of buprenorphine-naloxone film only. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 100 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Morphine

- Recent use of any morphine has declined since 2007, with 22% reporting use in 2018 (21% in 2017; $p=0.755$; Figure 26).
- This was mainly non-prescribed use (17% in 2018 versus 16% in 2017; $p=0.856$).
- Five per cent of participants reported prescribed use in 2018.
- Frequency of any morphine use has declined in the last year, with consumers reporting a median of 6 days (IQR 2-42) of use in 2018, versus a median of 20 days (IQR 4-30) in 2017 ($p=0.341$).
- Most recent consumers (85%) reported injecting any form of morphine on a median of 5 days (IQR 2-36) in the last six months.

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, NSW, 2001-2018

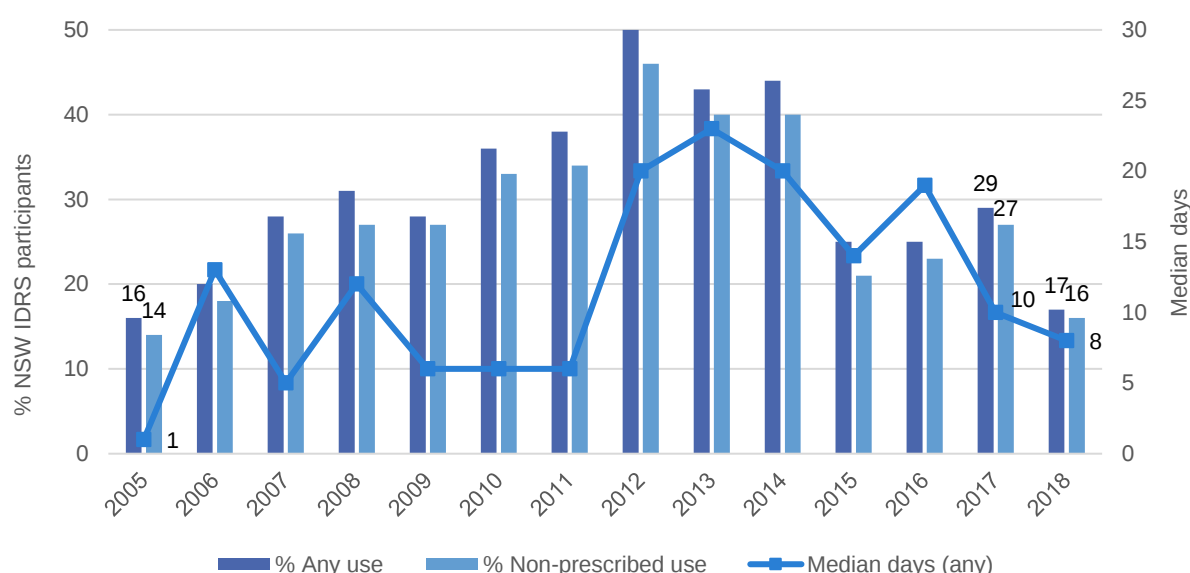


Note. Median days computed among those who reported recent use (maximum 180 days). Y axis reduced to 50% and 90 days to improve visibility of trend. Median days rounded to the nearest whole number. Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Oxycodone

- Reports of recent use of oxycodone have been declining since 2012 (Figure 27), with 17% of the sample reporting recent use of oxycodone in 2018 (versus 29% in 2017; $p=0.007$).
- This decline has been driven by decreased use of non-prescribed oxycodone, with 16% of participants reporting use in the last six months in 2018 (versus 27% in 2017; $p=0.020$).
- Frequency of oxycodone use has fluctuated over the years, however has been decreasing since 2013. In 2018 participants reported using oxycodone on a median of 8 days (IQR 2-24), compared with 10 days in 2017 (IQR 4-24; $p=0.464$).
- Four-fifths (80%) of recent consumers reported injecting any form of oxycodone on a median of 10 days (IQR 3-24) in the past six months.

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, NSW, 2005-2018

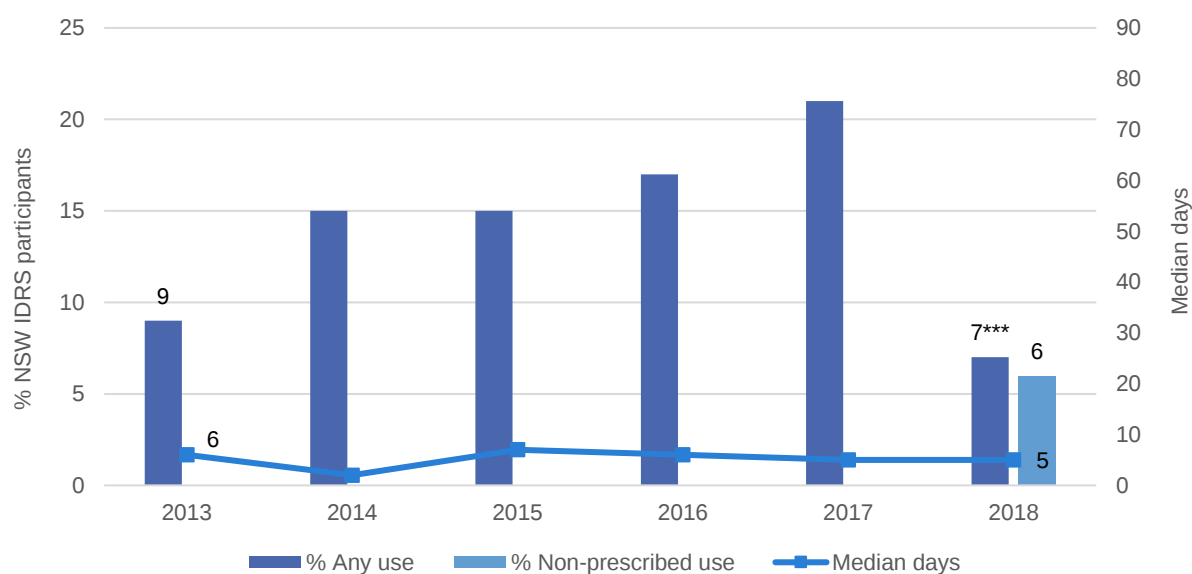


Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 30 days to improve visibility of trends. Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Fentanyl

- Rates of recent fentanyl use had increased until 2017, with a significant decline in 2018 (7% versus 21% in 2017; $p<0.001$) (Figure 28).
- In 2018, 6% reported non-prescribed use in the last six months.
- Frequency of use has remained relatively stable, with participants reporting use on a median of 5 days (IQR 3-30; median 5 days in 2017).
- The majority (91%) of recent consumers reported injecting in 2018, consistent with 91% of recent consumers in 2017 ($p=0.978$).

Figure 28: Past six-month use (prescribed and non-prescribed) and frequency of use of fentanyl, NSW, 2013-2018

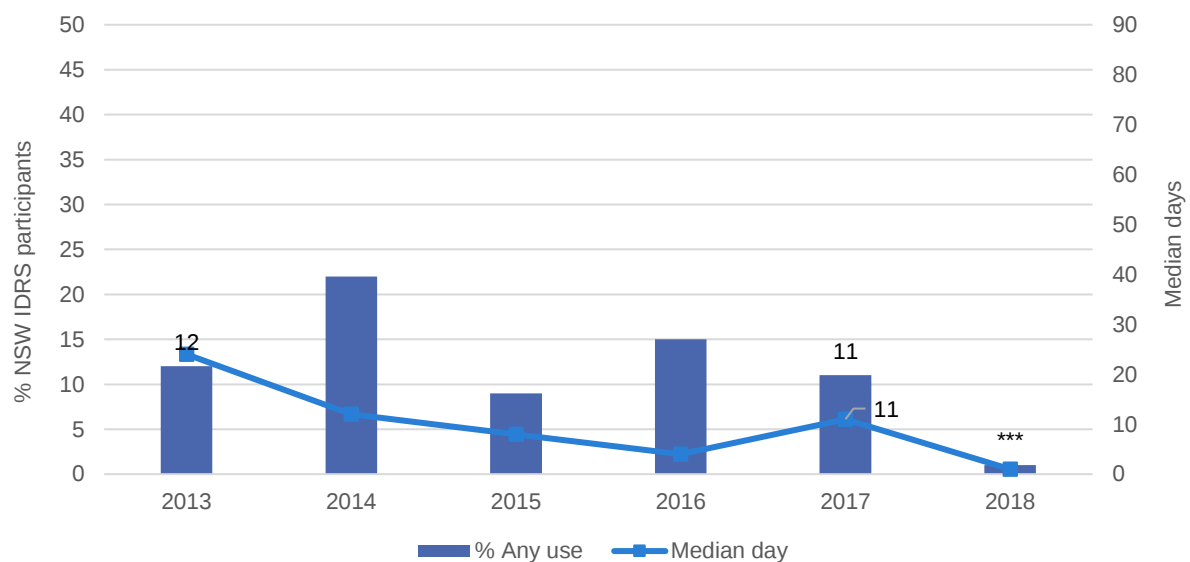


Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 90 days to improve visibility of trends. Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n\leq 5$). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Codeine

- Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC¹), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.
- In 2018, 23% of the national sample reported use of any codeine (low- or high-dose, the former prescribed or OTC).
- Eleven per cent reported recent high-dose codeine use (8% prescribed) on a median of 4 days (IQR 2-12).
- Very low numbers reported use of low dose codeine for non-medical/pain purposes. It is unclear if this decline was due to the legislative changes detailed above, or to a change in the way this question was asked (i.e. participants could only report use occurring prior to rescheduling in February 2018).

Figure 29: Past six month use and frequency of low-dose codeine (for non-pain purposes), 2013-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 90 days to improve visibility of trends. Differences between 2017 and 2018 data should be viewed with caution due to differences in the way questions were asked in 2018 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

8

Other drugs

Participants were asked about their recent (past six month) use of various forms of other drugs, including non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) of other pharmaceutical drugs and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substances (NPS)

- NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets.
- In 2018, 12% of participants reported recent use of any NPS ($n \leq 5$ in 2017; $p=0.007$, although note that assessment was not as comprehensive in 2017) (Table 2).
- 'New' drugs that mimic the effects of cannabis were the most commonly used NPS (5%), although consumers reported infrequent use (median 2 days; IQR 1-9).

Table 2: Past six month use of new psychoactive substances, NSW, 2014-2018

% recent use	2014 N=150	2015 N=150	2016 N=150	2017 N=151	2018 N=148
'New' drugs that mimic the effects of opioids	/	/	/	-	0
'New' drugs that mimic the effects of ecstasy	/	/	/	0 [#]	-
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	/	-
'New' drugs that mimic the effects of cannabis	4	8	11	-	5
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	0 [#]	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	-
Any of the above	5	9	13	-	12

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. # In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

- Rates of non-prescribed benzodiazepine use have decreased, from 52% in 2013 to 37% in 2018 (36% in 2017; $p=0.908$) (Figure 30). Very low numbers reported injecting benzodiazepines in the last six months.

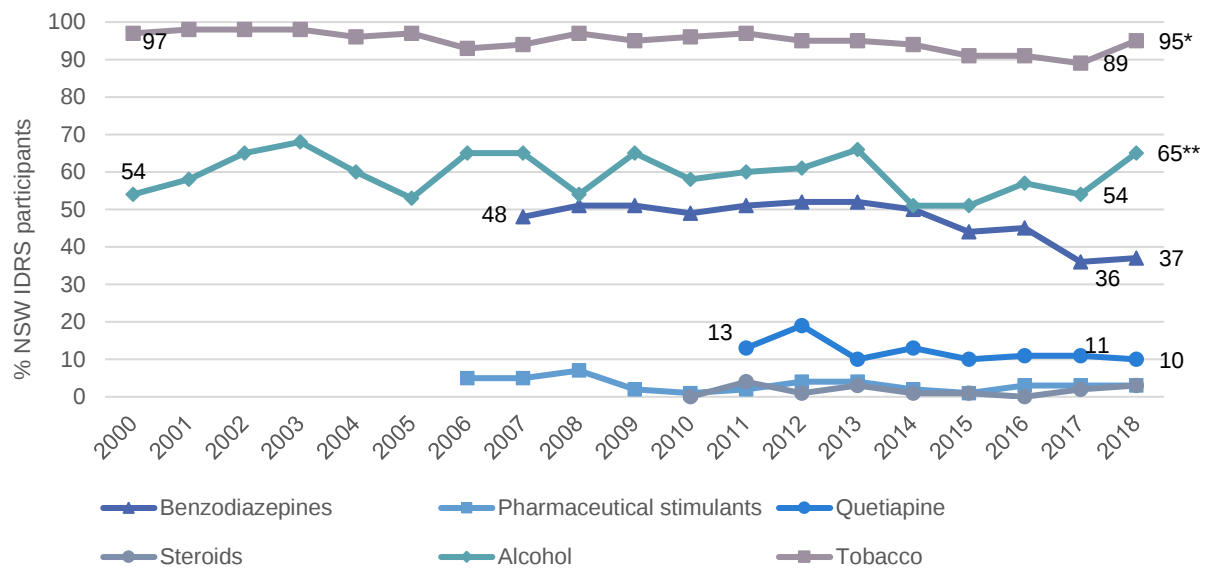
Pharmaceutical stimulants

- Very low numbers reported using pharmaceutical stimulants in the last six months and therefore no further reporting on patterns of use will be included. For information on the national sample, please refer to the [national report](#), or contact the Drug Trends team.

Anti-psychotics

- The percentage of the sample reporting recent use of non-prescribed anti-psychotics has been between 10% and 19% of the sample since monitoring began in 2011 (10% in 2018; Figure 30). Non-prescribed use remained infrequent amongst consumers in 2018 (median 5 days; IQR 2-12; 2017: median of 5 days; IQR 1-12).

Figure 30: Past six month use of other drugs, NSW, 2000-2018



Note. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not $=0$). Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, and pharmaceutical stimulants). Participants were first asked about steroids in 2010, anti-psychotics in 2011 and e-cigarettes in 2014. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Licit and Other Drugs

Steroids

- Reports of recent use of steroids have remained consistently low (4% or less) since monitoring began in 2010 (Figure 30).

Alcohol

- Around two-thirds of the sample each year report recent use of alcohol (Figure 30). In 2018, there was an increase in use relative to 2017 (65% versus 54%; $p = 0.042$), with 17% of recent consumers reporting daily use (14% in 2017; $p = 0.535$).

Tobacco

- Tobacco use has remained relatively high and stable since the IDRS began, with recent increase to 95% of the NSW sample reporting recent use in 2018 (89% in 2017; $p = 0.033$). Median frequency of use was 180 days (IQR 180-180), with 92% of consumers reporting daily use (95% in 2017; $p = 0.414$).

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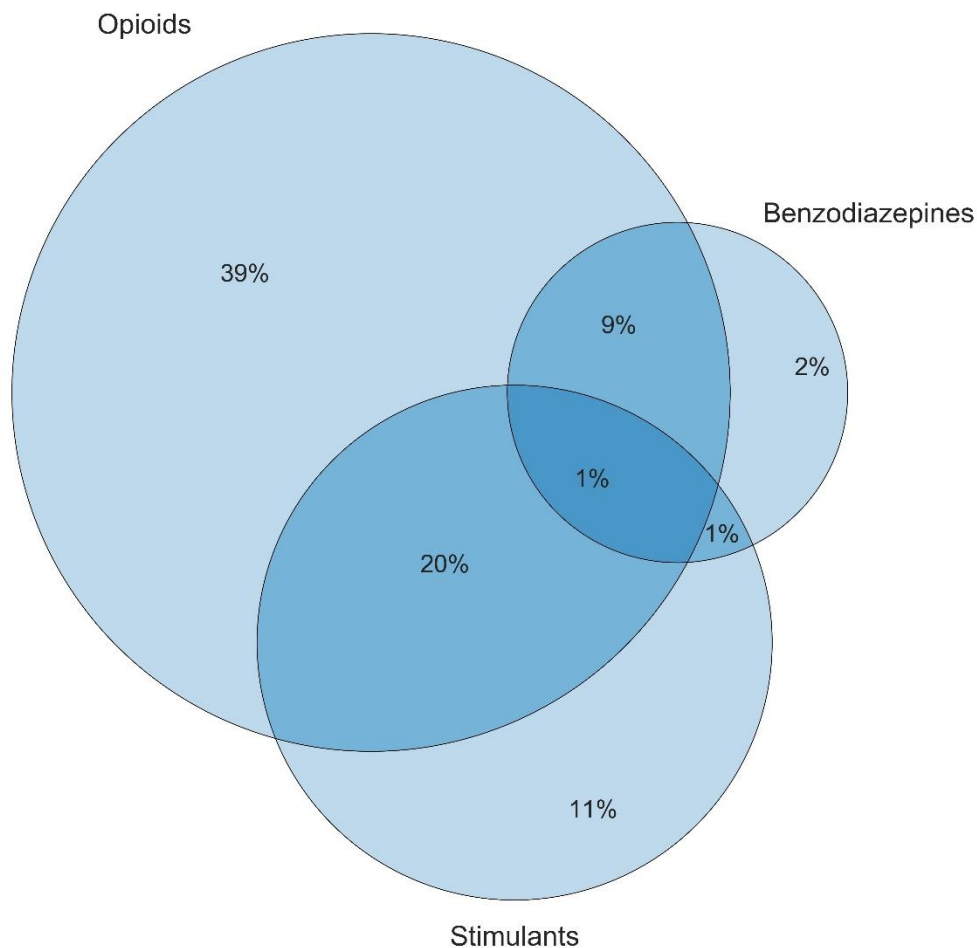
Drug-related harms and other risk factors

Participants were asked about various drug-related harms, including **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic) or symptoms consistent with a **depressant overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing, and being unable to be roused). Participants were also asked about polysubstance use; injecting risk; drug treatment; mental health; and crime. It should be noted that the following data refer to participants' understandings of these behaviours (i.e., do not represent medical diagnoses in the case of reporting on health conditions).

Polysubstance use

- In 2018, the majority (96%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview.
- The most commonly used substances were tobacco (74%), opioids (69%), cannabis (49%), stimulants (34%) and benzodiazepines (13%).
- Eighty-four percent of the sample had used an opioid, benzodiazepine, and/or stimulant on the day preceding interview.
- Thirty-one per cent of the total sample reported using a combination of opioids, stimulants and/or benzodiazepines on the day preceding interview, with the most common combinations being opioids and stimulants (20%) and opioids and benzodiazepines (9%) (see Figure 31).

Figure 31: Use of opioids, stimulants and benzodiazepines on the day preceding interview, NSW, 2018



Note. This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (84%; n=127). The figure is not to scale.

AUDIT-C

- Participants of the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption ([AUDIT-C](#)) as a valid measure of identifying hazardous drinking.
- In 2018, the sample mean score on the AUDIT-C was 4.7 (SD: 3.4; range: 1-12) (Table 3). One-third of those who responded (32%) scored five or more on the AUDIT-C in 2018 (44% in 2017; $p=0.677$), indicating the need for further assessment.

Table 3: AUDIT-C score, NSW, 2016-2018

	2018 (n=97)	2017 (n=102)	2016 (n=100)
Mean AUDIT-C score* (SD; range)	4.7 (3.4; 1-12)	4.7 (3.5; 1-12)	4.0 (3.4; 0-12)
Score of 5 or more* (%)	38	35	41
Males	30	36	45
Females	35	34	30

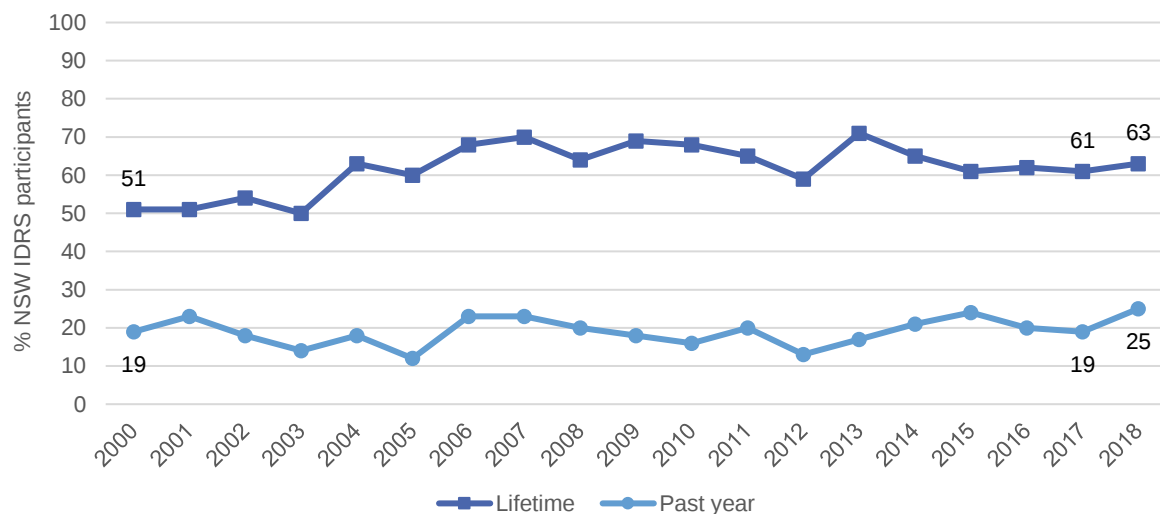
Note. Computed of those who had consumed alcohol in the last 12 months. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Overdose

Non-fatal overdose

- Participants reporting lifetime and past 12 month non-fatal overdose has gradually increased since monitoring began, with 63% reporting lifetime and 25% reporting past 12 month overdose in 2018 (versus 51% and 19% respectively in 2000; Figure 32).
- The most commonly cited substance involved in lifetime and past year non-fatal overdoses was heroin (Table 4).
- In 2018, participants who had ever overdosed on heroin had done so on a median of three occasions in their lifetime (IQR 2-5).
- Among those who had overdosed on heroin in the last year ($n=25$), 54% reported receiving Narcan® on the occasion of their last overdose, 23% reported that an ambulance had attended, and 15% reported received CPR from a friend, partner, or peer. Very low numbers of those who had overdosed on heroin in the last year reported not receiving any treatment.

Figure 32: Lifetime and past 12 month non-fatal overdose, NSW, 2000-2018



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Table 4: Lifetime and past year non-fatal overdose by drug type, NSW, 2014-2018

	National			NSW		
	2018	2018	2017	2016	2015	2014
% Heroin overdose						
Lifetime	N=821 42	n=132 52	N=124 53	N=144 57	N=144 50	N=136 55
Past year	N=811 14	n=131 20	N=126 14	N=144 15	N=150 13	N=138 15
% Methadone overdose						
Lifetime	N=860 3	n=145 -	N=130 -	n=145 -	n=145 -	/
Past year	N=860 1*	n=145 -	N=131 0	n=145 -	n=150 -	/
% Morphine overdose						
Lifetime	N=854 5	n=145 -	N=139 -	N=148 -	N=148 -	/
Past year	N=855 2	n=145 -	N=150 -	N=148 -	N=150 0	/
% Oxycodone						
Lifetime	N=862 2	n=148 -	N=143 -	N=147 0	N=150 0	/
Past year	N=861 -	n=148 -	N=143 0	N=147 0	N=150 0	/
% Other drug overdose						
Lifetime	N=852 18	n=149 20	N=125 15	N=143 11	N=150 16	N=136 23
Past year	N=854 6	n=149 7	N=127 5	N=144 5	N=150 5	N=139 4
% Any drug overdose						
Lifetime	N=816 56	n=133 63	N=122 61	N=143 62	N=143 61	N=136 65
Past year	N=782 20*	n=128 25	N=125 19	N=144 20	N=143 24	N=116 21

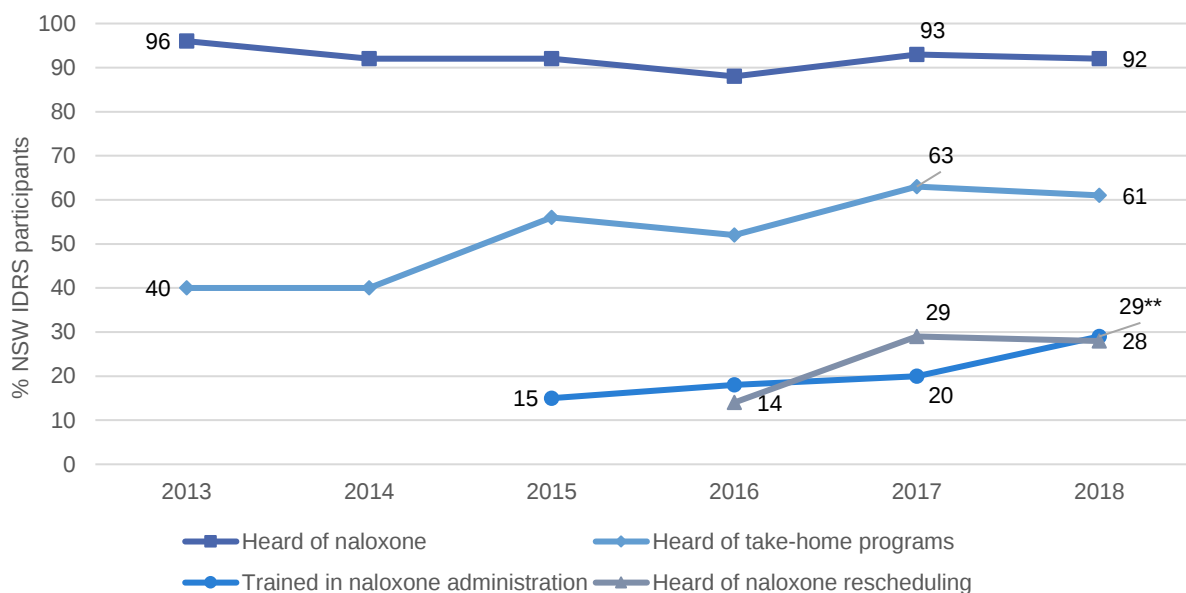
Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers (n≤5 but not 0). / participants not asked. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Naloxone program and distribution

- Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription.

- From 2013-2018, the proportion of the NSW sample who had heard of naloxone has been consistently high.
- However, there have been increases in the proportion who have heard about the take-home naloxone program, the rescheduling of naloxone and who have been trained in how to administer naloxone (Figure 33).
- To note, there was an increase in the percentage who had been trained in naloxone administration from 2017 to 2018 (20% to 29%, $p=0.006$).
- In 2018, 11% of the NSW sample reported that they had been resuscitated with naloxone by someone who had been trained through the take-home naloxone program.
- Of those who had completed the take-home naloxone program ($n=44$), 32% had used the naloxone to resuscitate someone who had overdosed. Four per cent ($n=6$) reported that they had obtained naloxone OTC without a prescription from a pharmacy.

Figure 33: Take-home naloxone program and distribution, NSW, 2013-2018



Note. Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

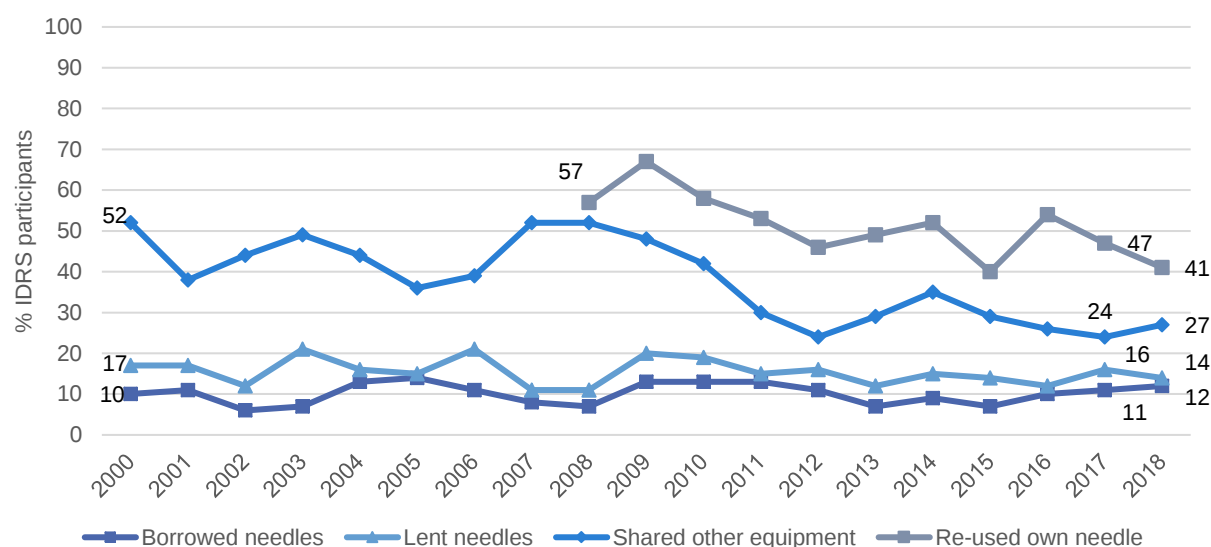
Injecting Risk Behaviours and Harms

Injecting risk behaviours

- In 2018, just over one in ten participants in NSW reported receptive sharing (12%), and distributive sharing (14%) in the past month.
- While there has been some fluctuation, both forms of sharing have remained low and stable since monitoring began in 2000.
- One-third (32%) reported that they had injected someone else after injecting themselves, and 16% were injected by someone else who had previously injected in the past month.
- Since 2009, there has been a decrease in those reporting re-using their own needles or syringes in the past month, with 41% reporting such behaviour in 2018 (versus 57% in 2008; $p=0.006$) (Figure 34).

- Consistent with previous years, most participants (72%) in the sample reported that they had last injected in a private home (Table 5). Twelve per cent of participants reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC).

Figure 34: Borrowing and lending of needles and sharing of injecting equipment in the past month, NSW, 2000-2018



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive sharing): used a needle after someone else. Lent (distributive sharing): somebody else used a needle after them. Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally and NSW, 2014-2018

	National	NSW				
	2018	2018	2017	2016	2015	2014
	N=892	N=151	N=142	N=147	N=148	N=150
% Borrowed a needle	9	12	11	10	7	9
% Lent a needle	11	14	16	12	14	15
% Shared any injecting equipment ^ (n)	20 (n=184)	27 (n=41)	24 (n=34)	26 (n=38)	29 (n=43)	34 (n=51)
Shared spoon/mixing container #	70	88	91	58	67	82
Shared filter #	23	29	35	13	35	16
Shared tourniquet #	31	27	29	21	33	22
Shared water #	32	49	47	16	40	37
Shared swabs #	9	15	-	5	7	6
Shared wheel filter #	-	-	-	0	7	10
% Reused own needle	37	41	68	79	54	44
% Reused own injecting equipment ^ (n)	45* (n=398)	50 (n=76)	53 (n=75)	61 (n=90)	57 (n=83)	62 (n=91)
% Injected partner/friend after injecting self (with either a new or used needle)	31	32	31	28	/	/
% Somebody else injected them after injecting themselves (with either a new or used needle)	16	19	14	18	/	/
%Location of last injection						
Private home	78	72	62	67	62	69
Car	4	3	-	5	-	4
Street/car park/beach	9	5	4	8	12	6
Public toilet	5	5	4	5	8	-
MSIC	2	12	13	6	9	6
Other	1	-	8	4	-	8

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. # amongst those who reported sharing any injecting equipment. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Self-reported injection-related health problems

- In 2018, there was an increase in the percentage of the sample who reported an injection-related health issue in the month preceding interview relative to 2017 (76% versus 67%, $p=0.079$); this was driven by an increase in rates of overdose and having a dirty hit (i.e. a hit that made them feel sick) (Table 6).
- The most prominent problems were scarring and difficulty injecting, most likely indicating poor vascular health among a percentage of this group.

Table 6: Injection-related issues in the past month nationally and NSW, 2014-2018

	National	NSW				
	N=823	N=142	N=144	N=150	N=148	N=148
	2018	2018	2017	2016	2015	2014
% Any injection related problem	73***	76	67	70	66	55
% Scarring/bruising	52**	52	49	49	50	40
% Difficult injecting	43	40	42	39	43	35
% Dirty hit	14*	15**	6	9	16	5
% Infection/abscess	8	11	6	11	9	5
% Thrombosis	7	13	7	4	7	5
% Overdose	6**	10*	-	4	-	8

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Drug Treatment

- Consistent with previous years, one half (55%) of participants reported that they were currently in treatment for their substance use (most commonly methadone) in 2018 (Table 7).
- Of those people who had used methamphetamine in the past year (n=116), 6% reported receiving treatment for their methamphetamine use from a drug treatment centre in the same period (9% of those who reported weekly or more frequent use of methamphetamine).
- Almost one third of the total sample (30%) reported that they had recently tried but were unable to access drug treatment.
- Among these participants, heroin (70%) and methamphetamine (23%) were the main substances for which participants intended to seek treatment.
- Residential rehabilitation and detoxification were the main services that people had tried to access.

Table 7: Current drug treatment nationally and NSW, 2014-2018

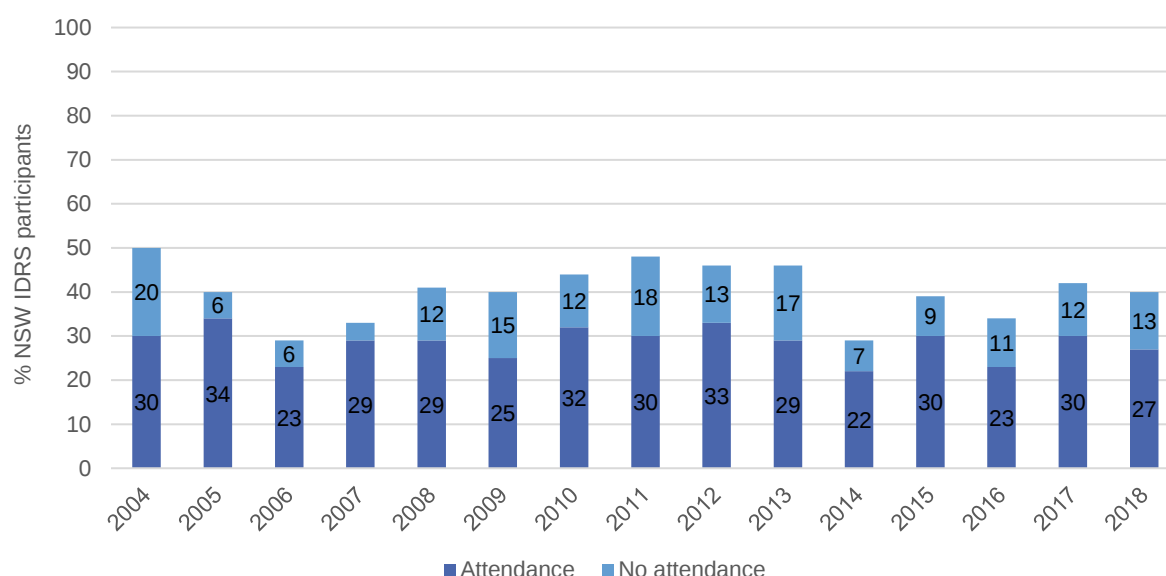
	National	NSW				
	N=905	N=152	N=151	N=150	N=150	N=150
	2018	2018	2017	2016	2015	2014
% Current drug treatment	41	55	44	54	64	51
Methadone	28	48	31	41	54	38
Buprenorphine	2	0	-	-	-	-
Buprenorphine-naloxone	8	5	9	8	7	7
Drug counselling	2	-	-	-	0	-
Other	1	0	-	0	-	-
% Recently tried to access treatment but unable	17*	30	19	17	21	19

Note. Numbers suppressed when n≤5 (but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Mental Health

- In 2018, 41% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2017 (42%; $p=0.880$) (Figure 35).
- Amongst this group, the most commonly reported problems were depression (79%) and anxiety (72%).
- Smaller proportions reported schizophrenia (18%), paranoia (18%), post traumatic stress disorder (10%), and other psychosis (10%).
- One-quarter of the sample (27%; 67% of those who reported a mental health problem) had seen a mental health professional during the last six months, most commonly a GP (54%), psychiatrist (37%), psychologist (37%), and a counsellor (24%).
- Three-fifths (57%) of those who reported a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2017 (62%; $p=0.620$).

Figure 35: Self-reported mental health problems and treatment seeking in the past six months, NSW 2004-2018

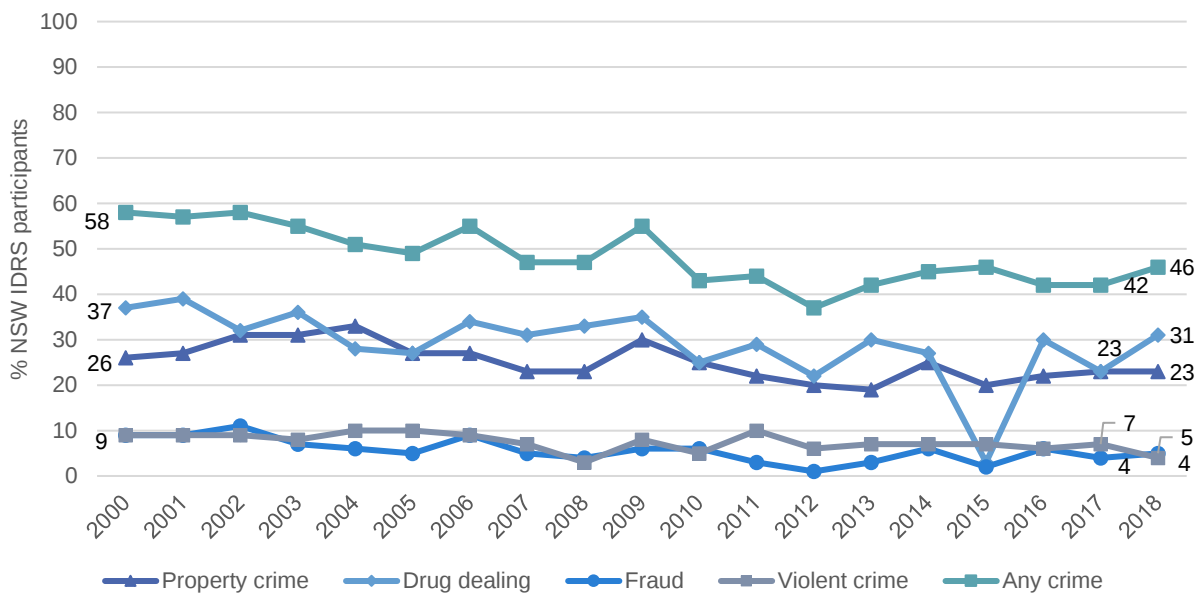


Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Crime

- One-third (36%) of participants reported being arrested in the 12 months preceding interview, consistent with previous years (39%; $p=0.615$).
- Sixty-five per cent of participants reported a history of imprisonment, a decrease from 73% in 2017 ($p=0.144$).
- Rates of past month self-reported criminal activity have fluctuated since monitoring first began, with one-third reporting drug dealing (31%) and one-quarter (23%) reporting property crime in the past month in 2018.

Figure 36: Self-reported criminal activity in the past month, NSW, 2000-2018



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.